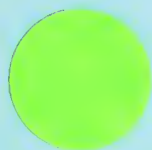


# Office of Statistics and Data Management



## HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION  
FISCAL YEAR 1992

U.S. Department of Health and Human Services  
Health Care Financing Administration  
Bureau of Data Management and Strategy

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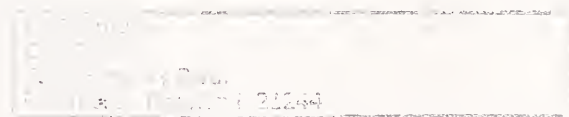


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## HCFA DATA COMPENDIUM

HEALTH CARE FINANCING ADMINISTRATION  
FISCAL YEAR 1992





## FOREWORD

This compendium was prepared for HCFA's Leadership as a reference document and as a supplement to briefing materials for legislative initiatives. It was compiled by the Division of Information Analysis, Office of Statistics and Data Management, with major contributions from various Bureaus and Offices in the Health Care Financing Administration.

Regina McPhillips, Dr.P.H.  
Director  
Bureau of Data Management  
and Strategy

March 1991



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## I. BUDGET OVERVIEW

Information about HCFA relative to the Federal and DHHS budgets.



# HCFA and Total Federal Disbursements

	1990 Actual	1991 Current Law	1992	
			Current Law	Proposed Law
Amount in billions				
Gross National Product (current amount)	\$5,405.6	\$5,615.8	\$5,985.5	--
Total Federal Budget <sup>1</sup>	1,251.7	1,409.6	1,447.2	\$1,445.9
Percent of Gross National Product	23.2	25.1	24.2	24.2
Department of Health and Human Services <sup>1</sup>	438.7	486.3	529.7	525.3
Percent of Total Federal Budget	35.0	34.5	36.6	36.3
HCFA Budget Outlays				
Medicare Benefit Payments <sup>2</sup>	107.2	113.4	126.8	123.9
Medicaid Medical Assistance Payments	39.0	48.8	56.7	56.8
State and Local Administration/Training	2.1	2.8	3.2	3.0
HCFA Program Management <sup>2</sup>	1.7	1.9	2.5	1.8
Other Administrative Expenses	0.6	0.7	0.7	0.7
Peer Review Organizations (PROs)	0.2	0.3	0.4	0.4
Survey & Certification Revolving Fund	--	--	--	0.9
Total (unadjusted)	150.8	167.9	190.2	187.5
Offsetting and Proprietary Receipts	-11.6	-11.9	-13.5	-13.9
Total Net of Offsetting and Proprietary Receipts	139.2	156.0	176.7	173.6
Percent of Federal Budget	11.1	11.1	12.2	12.0

<sup>1</sup> Includes off-budget entities, net of offsetting receipts. Fiscal year 1992 Current Law column displays Current Services data.

<sup>2</sup> Includes Catastrophic Health Insurance in fiscal year 1990.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components; percents are based on rounded numbers.

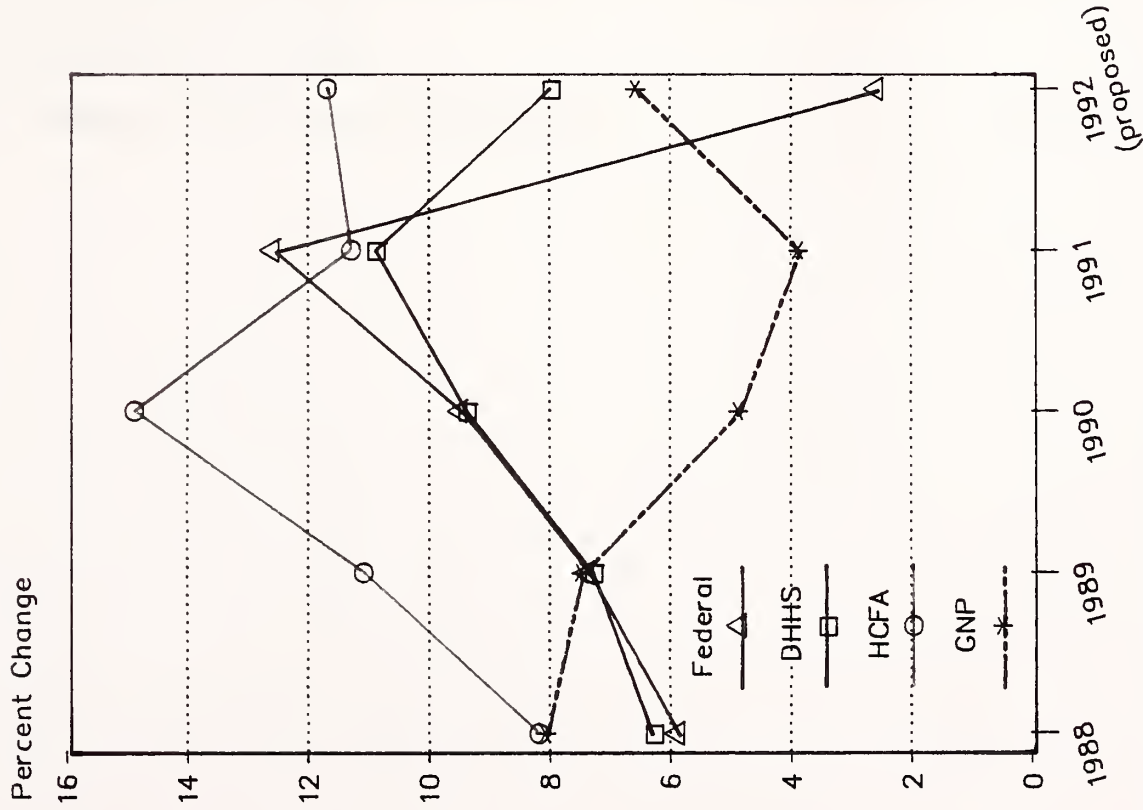
SOURCE: HCFA/OBA

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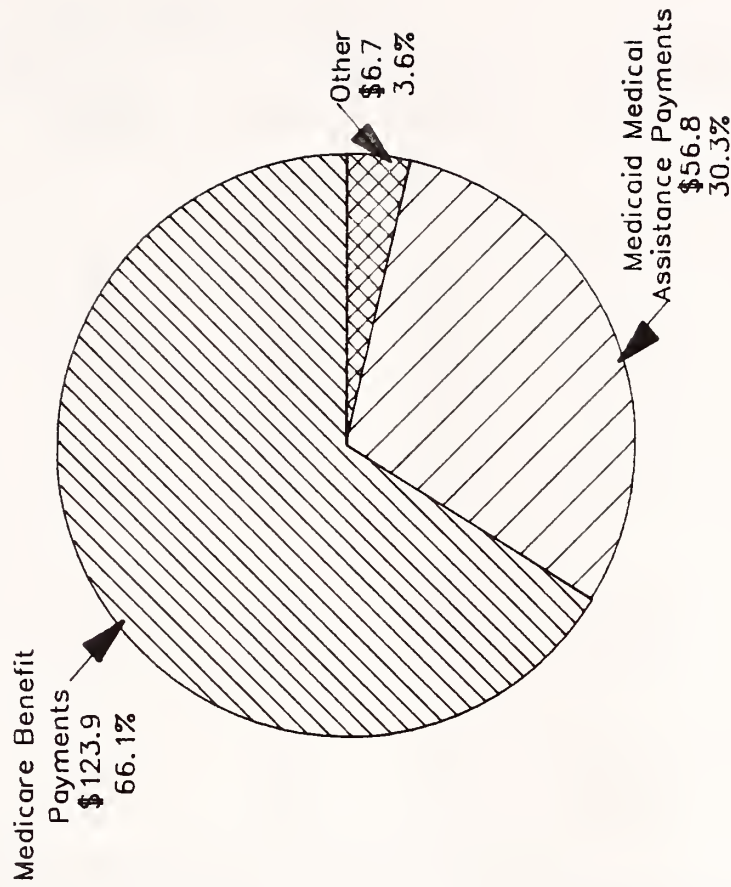
# Annual Percent Increase in Federal, DHHS, and HCFA Budgets Fiscal Years 1988-1992



SOURCES: HCFA/OBA and SSA/ORS

## HCFA Proposed Budget Fiscal Year 1992

Dollars in Billions



March 1991



Program Benefit Payments/Trends

Fiscal Year	Total		Medicare <sup>1</sup>		Medicaid <sup>2</sup>	
	Amount	Percent Change	Amount	Percent Change	Amount	Percent Change
Amount in billions						
Historical						
1980	\$58.0	--	\$33.9	--	\$24.0	--
1981	69.7	20.2	41.3	21.6	28.4	18.3
1982	79.5	14.1	49.1	19.1	30.3	6.7
1983	88.9	11.8	55.6	13.1	33.3	9.9
1984	96.6	8.7	60.9	9.6	35.6	6.9
1985	108.8	12.4	69.5	14.1	39.3	10.2
1986	116.3	7.1	74.0	6.5	42.3	7.7
1987	127.4	9.5	79.8	7.7	47.6	12.6
1988	137.2	7.7	85.5	7.3	51.6	8.4
1989	152.1	10.9	94.1	10.0	58.0	12.4
Budget						
Current law						
1990	176.0	15.7	107.2	13.8	68.8	18.7
1991	199.0	13.1	113.4	5.9	85.5	24.3
1992	225.5	13.4	126.8	11.7	98.8	15.5
Proposed law						
1990	176.0	15.7	107.2	13.8	68.8	18.7
1991	199.0	13.1	113.4	5.9	85.5	24.3
1992	222.8	12.0	123.9	9.3	98.8	15.5

<sup>1</sup> Includes catastrophic benefits for HI in fiscal year 1990. Does not include PRO expenditures.

<sup>2</sup> Federal and State combined. Historical data are expenditures (total computable medical assistance payments as reported on HCFA-64 and predecessors). Budget data are preliminary estimates of outlays as reported on HCFA-25 and modified by OBA for legislative and other initiatives.

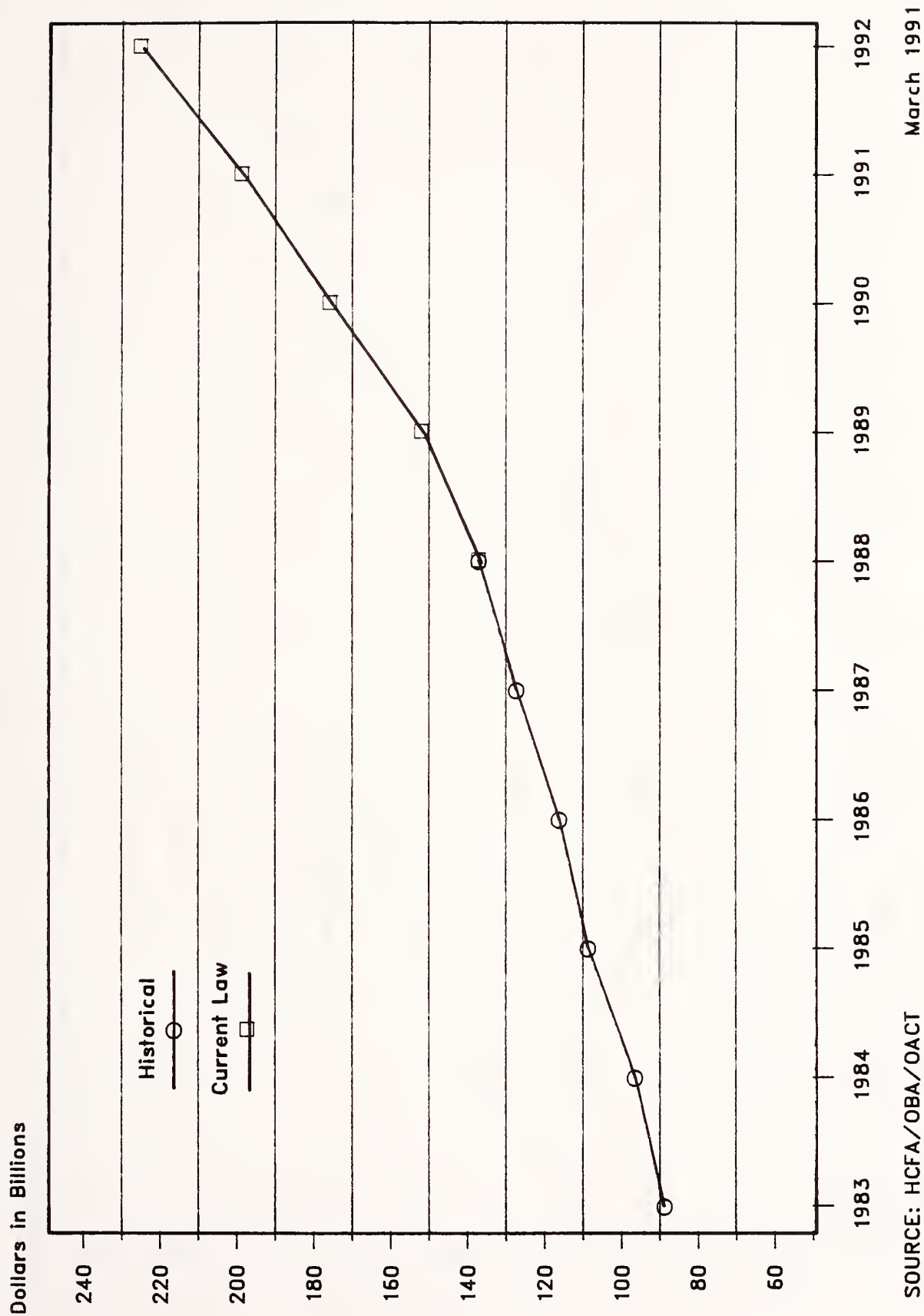
NOTE: Percent change based on rounded numbers.

SOURCES: HCFA/OACT/MB for historical data and OBA for budget data

March 1991

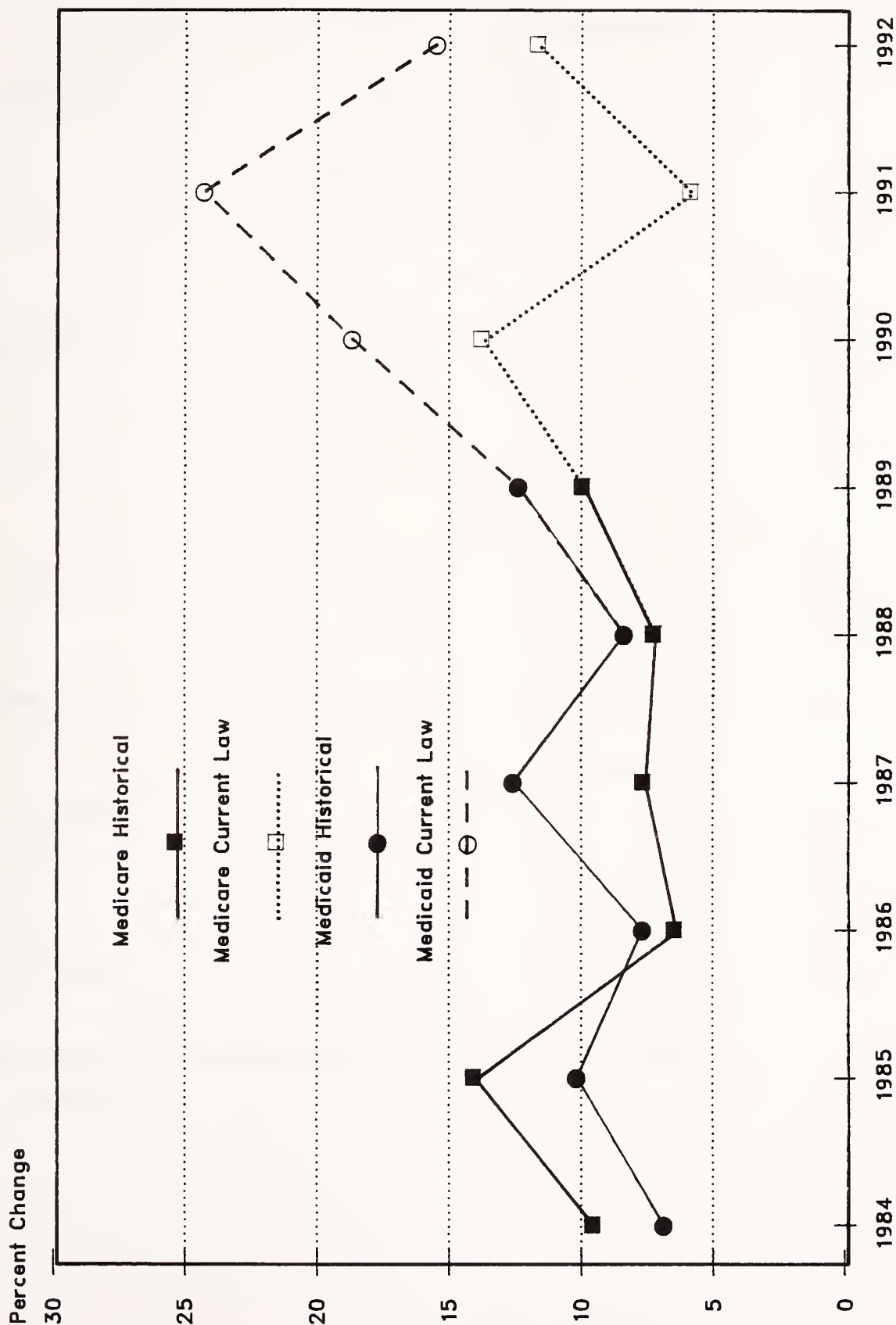


# Trends in Program Benefit Payments Fiscal Years 1983-1992





# Percent Change in Program Benefit Payments Fiscal Years 1984-1992



SOURCE: HCFA/OBA/OACT

March 1991





# Benefit Outlays by Program

	1967	1968	1990	1991 <sup>1</sup>
Amount in billions				
Annually				
HCFA Program Outlays	\$5.1	\$8.4	\$176	\$199
Federal Outlays	NA	6.7	146	162
Medicare	3.2	5.1	107	113
HI	2.5	3.7	63	69
SMI	0.7	1.4	41	45
CHI	--	--	3	--
Medicaid	1.9	3.3	69	86
Federal Share	NA	1.6	39	49
In millions				
Monthly				
HCFA Program Outlays	\$423	\$702	\$14.7	\$16.6
Federal Outlays	NA	561	12.2	13.5
Medicare	264	427	8.9	9.5
HI	209	311	5.3	5.7
SMI	55	116	3.5	3.7
CHI	--	--	0.2	--
Medicaid	158	275	5.7	7.1
Federal Share	NA	133	3.2	4.1
In thousands				
Hourly				
HCFA Program Outlays	\$579	\$962	\$20.1	\$22.7
Federal Outlays	NA	768	16.7	18.5
Medicare	362	585	12.2	13.0
HI	286	426	7.2	7.9
SMI	76	159	4.7	5.1
CHI	--	--	0.3	--
Medicaid	217	377	7.9	9.8
Federal Share	NA	183	4.5	5.6
In thousands				
Minutely				
HCFA Program Outlays	\$10	\$16	\$335	\$379
Federal Outlays	NA	13	278	309
Medicare	6	10	204	216
HI	5	7	120	131
SMI	1	3	79	85
CHI	--	--	5	--
Medicaid	4	6	131	163
Federal Share	NA	3	74	93

<sup>1</sup>Estimated.

NOTES: Fiscal year data. NA indicates data are not available. CHI is Catastrophic Health Insurance.

SOURCE: HCFA/OBA

March 1991



## II. PROSPECTIVE PAYMENT SYSTEM (PPS) ACTIVITY



Medicare Hospital Status Under the Prospective Payment System  
as of September 1990

---

Total Hospitals	6,522
Hospitals under PPS	5,480
Hospitals Receiving Special Consideration:	1,310
Regional Referral Centers <sup>1</sup>	260
Sole Community Hospitals <sup>1</sup>	536
Medicare Dependent Small Rural Hospitals	514
Non-PPS Hospitals	1,042
Categorically Exempt:	973
Psychiatric	674
All Other Non Short-Stay	299
Short-Stay Hospitals in Waiver States or Demonstrations	57
Short-Stay Hospitals in Outlying Areas	4
Cancer Hospitals	8
Total Excluded Units	1,790
Psychiatric	1,115
Rehabilitation	675

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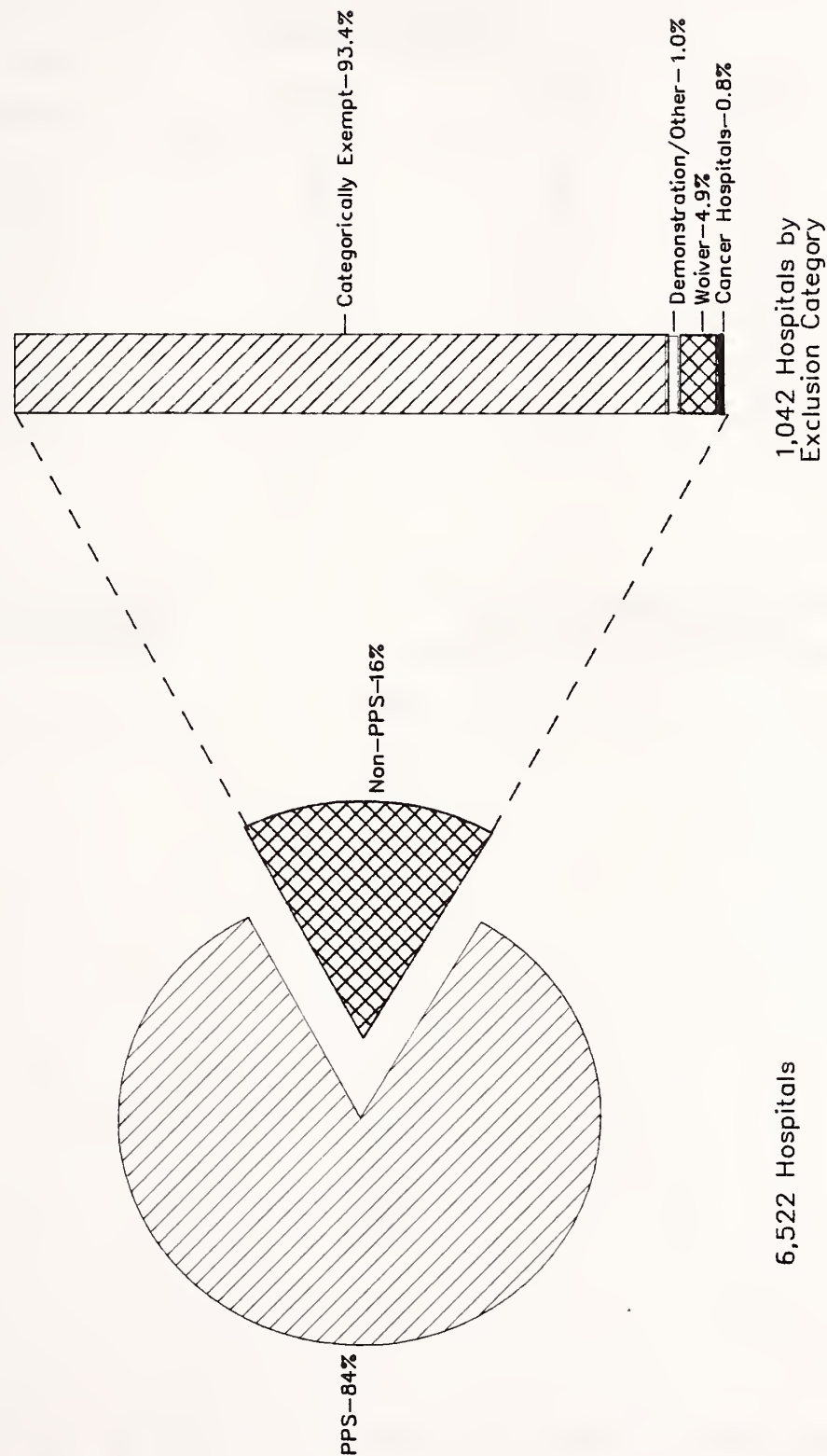
<sup>1</sup>Data as of January 1991.

SOURCES: HCFA/BPD/HSQB/BDMS

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# Medicare Participating Hospitals by PPS Status and Exclusion Category as of September 1990





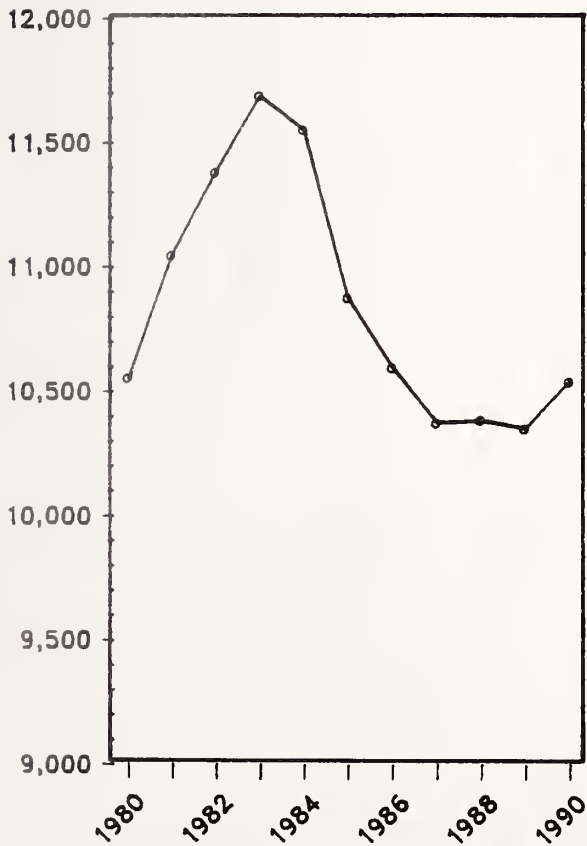


**Medicare Inpatient Hospital Admissions/Trends**

Fiscal Year	Estimated Inpatient Hospital Admissions and Transfers			
	Number in thousands	Percent Change	Rate per 1,000 Enrolled	Percent Change
1980	10,550	4.8	383	2.4
1981	11,042	4.7	393	2.6
1982	11,376	3.0	398	1.3
1983	11,684	2.7	402	1.0
1984	11,546	-1.2	390	-3.0
1985	10,871	-5.8	362	-7.2
1986	10,590	-2.6	345	-4.7
1987	10,369	-2.1	331	-4.1
1988	10,380	0.1	326	-1.5
1989	10,345	-0.3	319	-2.1
1990	10,535	1.8	319	0.0

**Estimated Inpatient Hospital Admissions and Transfers  
Fiscal Years 1980-1990**

Admissions



**Estimated Admission Rate Per 1,000 Enrolled  
Fiscal Years 1980-1990**

Rate per 1,000



SOURCE: HCFA/OACT/BDMS

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Medicare Short-Stay Hospitals/Average Length of Stay

	1983	1984	1985	1986	1987	1988	1989	1990
All Short-Stay Hospitals	10.0	9.1	8.7	8.7	8.9	8.9	8.9	8.8
PPS Only <sup>1</sup>	--	8.0	7.9	<sup>3</sup> 8.2	<sup>4</sup> 8.5	<sup>5</sup> 8.6	<sup>6</sup> 8.5	8.4
Non-PPS <sup>2</sup>	10.0	10.1	12.5	13.4	13.4	13.1	12.5	12.4
Excluded Units	--	18.0	18.8	19.3	19.8	19.7	19.7	19.4

<sup>1</sup>Bills for stays that overlap a hospital's transition into PPS are aggregated and included in PPS. Average length of stay may differ from that based on that portion of stays actually covered by PPS.

<sup>2</sup>Includes pre-PPS experience, hospitals in waiver States, cancer hospitals, PPS excluded units, demonstration hospitals, and hospitals in outlying areas.

<sup>3</sup>Short-stay hospitals in Massachusetts transitioned into PPS beginning September 1985 based on each provider's fiscal year start date. Short-stay hospitals in New York transitioned into PPS on 1/1/86.

<sup>4</sup>On 10/1/87 Short-stay hospitals in Puerto Rico and Alcohol/Drug hospitals transitioned into PPS.

<sup>5</sup>The Rochester, New York demonstration terminated 12/31/87. Hospitals covered by that demonstration were covered by PPS after that date.

<sup>6</sup>Short-stay hospitals in New Jersey transitioned into PPS on 1/1/89.

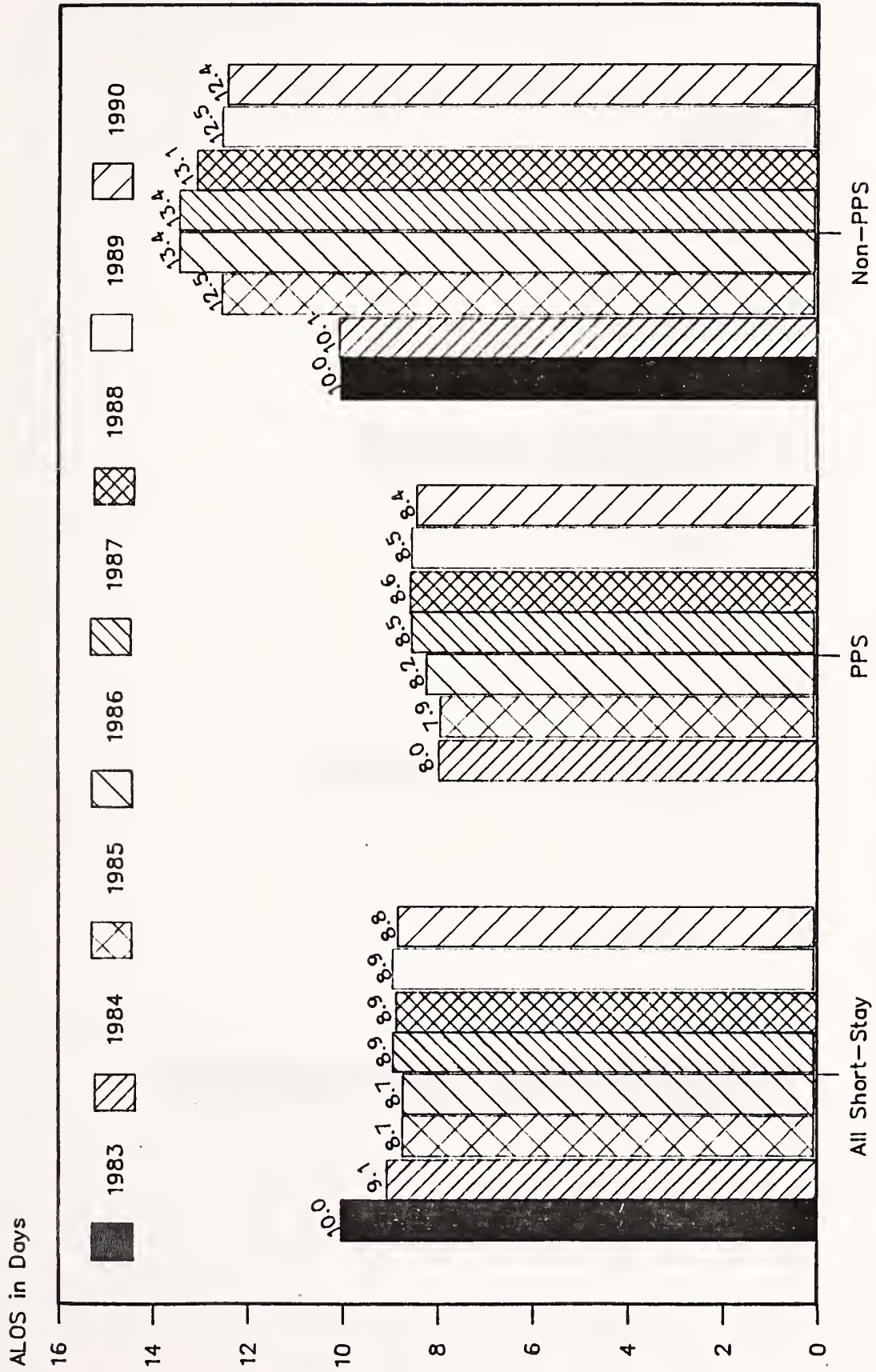
NOTES: Fiscal year data. Average length of stay is shown in days. For all Short-stay, PPS and Non-PPS hospitals, data are based on a 20-percent sample of Medicare HI enrollees (20-percent MEDPAR file). Data for PPS excluded units are based on unpublished tables generated from discharge bills. Data for fiscal years 1988-1990 are based on a 12/90 update of the file. Data may differ from other sources (for example, discharge bills or 100-percent MEDPAR) or from the same source with a different update cycle.

SOURCE: HCFA/BDMS

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# Medicare Short-Stay Hospital Average Length of Stay Fiscal Years 1983-1990



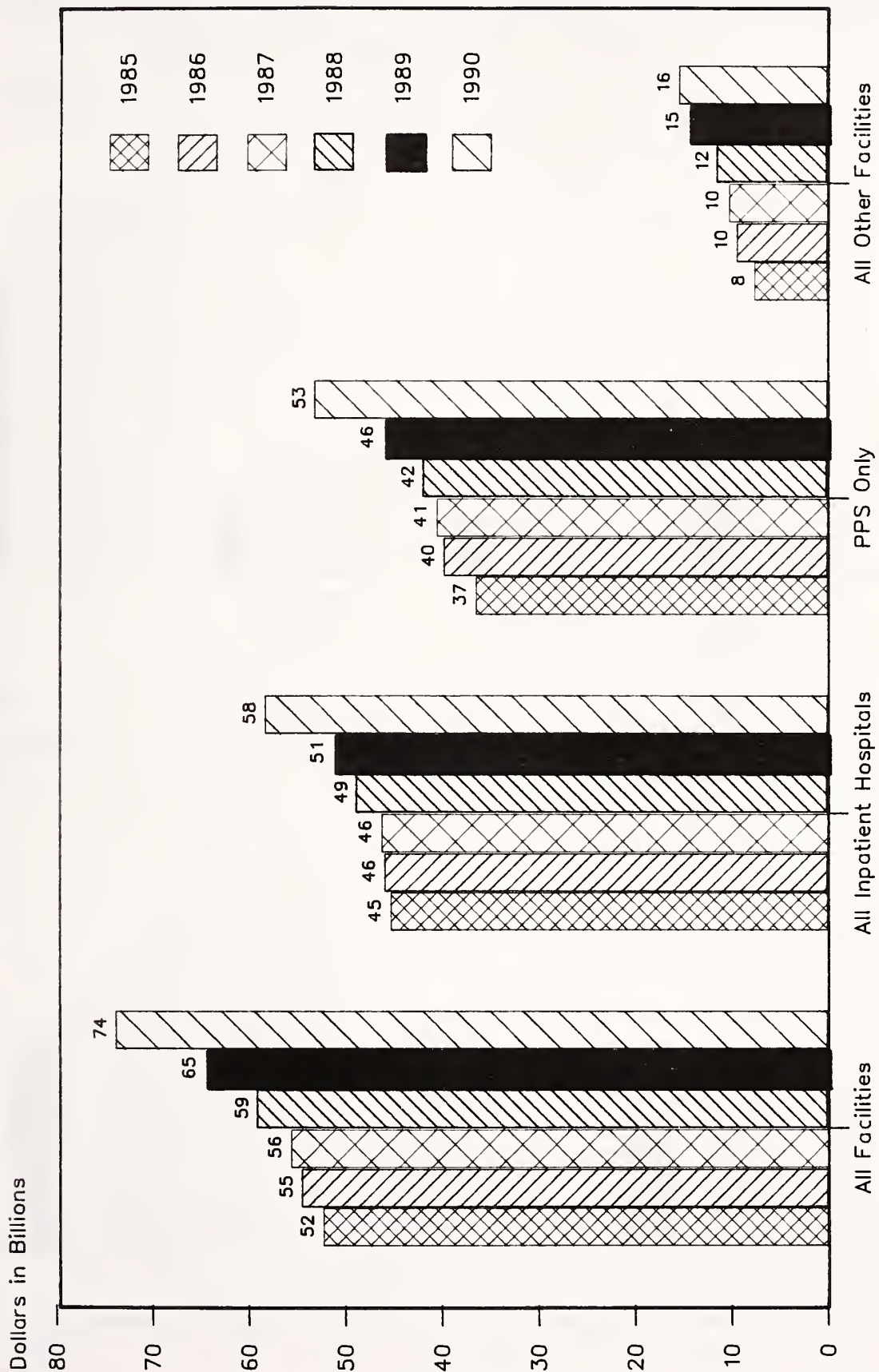
NOTE: Based on the 20-percent MEDPAR file.

SOURCE: HCFA/BDMS

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# Medicare PPS Benefit Payment Trends Fiscal Years 1985-1990



NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BPO

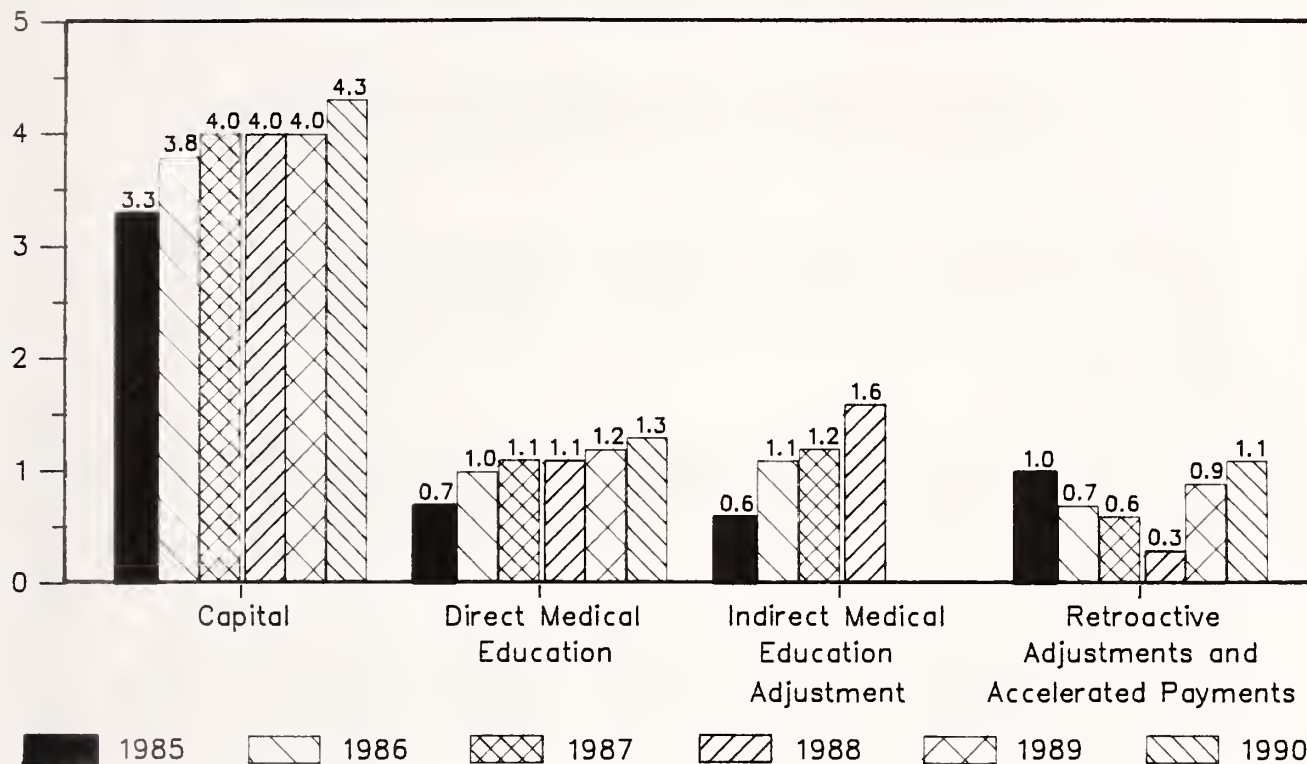
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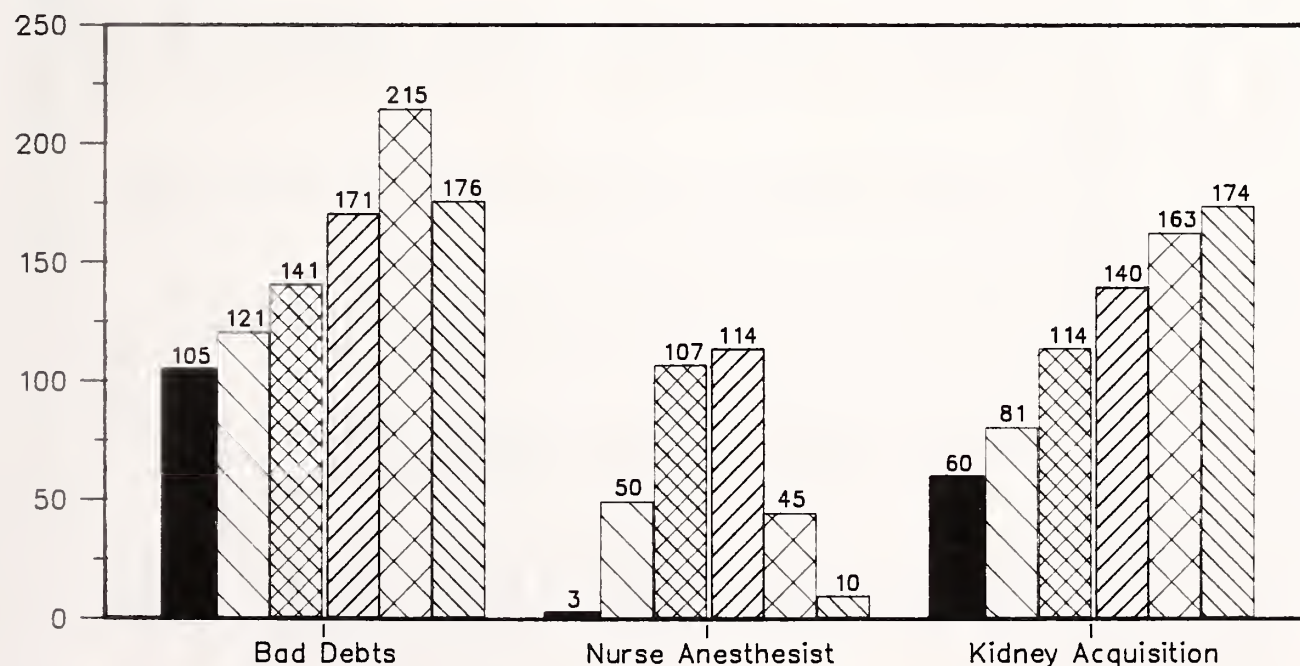


# Non-Billing PPS Reimbursement by Category Fiscal Years 1985-1990

Dollars in Billions



Dollars in Millions



NOTE: Beginning October 1, 1988, the additional payment amount for Indirect Medical Education Adjustment is included in billing reimbursement for PPS hospitals.

Source: HCFA/BPO

March 1991



Medicare Prospective Payment System/DRG Ranking--PPS Bills

FY Rank 1989	DRG No.	DRG Relative Weight	Discharges <sup>1</sup>		Average Length of Stay	Average Charge per Discharge	Total Payments		Beneficiary Payments in thousands <sup>4</sup>	Average Payment <sup>5</sup>	
			Number	Percent			in thousands <sup>2</sup>	in thousands <sup>3</sup>		Total	Medicare Beneficiary
1	1	1.0169	9,074,010	100.0%	8.5	\$8,484	\$47,184,500	\$43,519,784	\$3,664,715	\$5,200	\$4,796
2	4	1.2059	494,866	5.5	7.9	6,500	1,956,574	1,780,916	175,658	3,954	3,599
3	2	0.6387	328,212	3.6	9.0	7,293	1,519,931	1,386,727	133,203	4,631	4,225
4	3	0.6387	325,789	3.6	4.7	3,941	756,112	626,819	129,293	2,321	1,924
5	5	1.2260	301,421	3.3	10.6	8,032	1,493,474	1,356,620	136,854	4,955	4,501
6	6	0.7414	228,509	2.5	6.3	4,760	635,634	547,008	88,627	2,782	2,394
7	7	2.3437	200,306	2.2	11.9	15,001	1,752,716	1,654,974	97,743	8,750	8,262
8	8	0.9734	199,669	2.2	7.2	5,892	725,935	647,645	78,290	3,636	3,244
9	9	0.9404	180,786	2.0	8.6	6,108	688,512	625,565	62,946	3,808	3,460
10	10	0.8707	167,134	1.8	6.1	5,377	531,968	466,702	65,265	3,183	2,792
11	11	1.0261	135,293	1.5	8.6	6,495	550,852	500,684	50,168	4,072	3,701
12	12	1.6228	134,627	1.5	10.1	10,047	782,427	728,726	53,701	5,812	5,413
13	13	0.9620	130,910	1.4	7.0	6,139	484,638	432,409	52,228	3,702	3,303
14	14	0.6350	127,849	1.4	5.5	4,083	308,844	252,217	56,627	2,416	1,973
15	15	0.4890	122,839	1.4	3.5	3,539	242,091	228,368	13,723	1,971	1,859
16	16	3.2705	121,693	1.3	17.1	21,643	1,610,541	1,554,169	56,372	13,234	12,771
17	17	1.1233	111,177	1.2	7.2	6,879	424,474	378,211	46,263	3,818	3,402
18	18	0.6501	111,068	1.2	6.8	4,107	277,746	228,817	48,929	2,501	2,060
19	19	1.9106	109,410	1.2	7.1	12,871	809,854	772,466	37,389	7,402	7,060
20	20	1.8530	105,120	1.2	12.3	11,493	814,050	776,521	37,529	7,744	7,387
21	21	1.5345	103,972	1.1	10.6	9,946	647,108	609,858	37,250	6,224	5,866
22	22	0.9827	97,779	1.1	6.4	5,933	367,000	322,868	44,132	3,753	3,302
23	23	0.5226	95,292	1.1	3.5	3,231	187,791	147,190	40,601	1,971	1,545
24	24	2.0536	95,021	1.0	14.4	13,107	782,239	737,239	45,000	8,232	7,759
25	25	0.6874	88,042	1.0	3.1	4,622	227,997	192,417	35,580	2,590	2,186
26	26	1.1875	87,262	1.0	6.1	7,958	396,281	363,375	32,905	4,541	4,164

<sup>1</sup> Based on the stay records for a 100% sample of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file through 12/89.

<sup>2</sup> Total payments represent total hospital revenue for Medicare utilization, including payments and beneficiary obligations. Excluded are payments for no-pay, at-risk HMO utilization and Medicare secondary payer bills.

<sup>3</sup> Pass-through amounts are estimated using HCRIIS cost reports. A per diem amount is derived and applied to each stay record. Pass-throughs include capital related costs, direct medical education costs, bad debts attributed to deductibles and coinsurance amounts related to covered services received by beneficiaries, kidney acquisition costs where appropriate and nurse anesthetist costs.

<sup>4</sup> Beneficiary payments are the responsibility of the beneficiary or other third party payer.

<sup>5</sup> Average payments are calculated using actual dollar amounts, not rounded data shown.

NOTE: Fiscal year data.

SOURCE: HCFA/BDMS

March 1991

Medicare Prospective Payment System/DRG Ranking-PPS Bills

FY Rank 1988	DRG Number	Description
1	127	Heart Failure and Shock
2	089	Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions
3	140	Angina Pectoris
4	014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
5	182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions
6	209	Major Joint and Limb Reattachment Procedures
7	096	Bronchitis and Asthma, Age over 17 with Complicating Conditions
8	296	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complicating Conditions
9	138	Cardiac Arrhythmia and Conduction Disorders, with Complicating Conditions
10	320	Kidney and Urinary Tract Infections, Age over 17 with Complicating Conditions
11	121	Circulatory Disorders with Acute Myocardial Infarction and Cardiovascular Complications, Discharged Alive
12	174	Gastrointestinal Hemorrhage with Complicating Conditions
13	015	Transient Ischemic Attack and Precerebral Occlusions
14	410	Chemotherapy
15	148	Major Small and Large Bowel Procedures with Complicating Conditions
16	122	Circulatory Disorders with Acute Myocardial Infarction, without Cardiovascular Complications, Discharged Alive
17	243	Medical Back Problems
18	112	Vascular Procedures Except Major Reconstruction, without Pump
19	079	Respiratory Infections and Inflammations, Age over 17 with Complicating Conditions
20	416	Septicemia, Age over 17
21	336	Transurethral Prostatectomy, with Complicating Conditions
22	143	Chest Pain
23	210	Hip and Femur Procedures Except Major Joint, Age over 17 with Complicating Conditions
24	125	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter without Complex Diagnosis
25	124	Circulatory Disorders excluding Acute Myocardial Infarction, with Cardiovascular Catheter with Complex Diagnosis

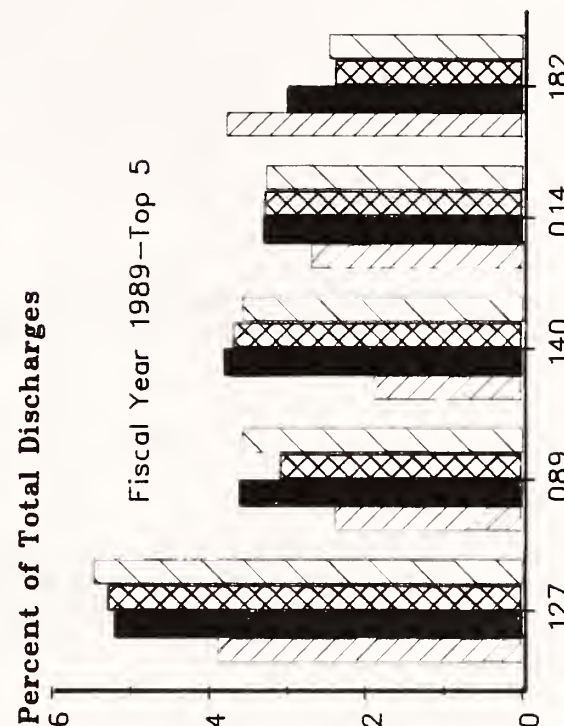
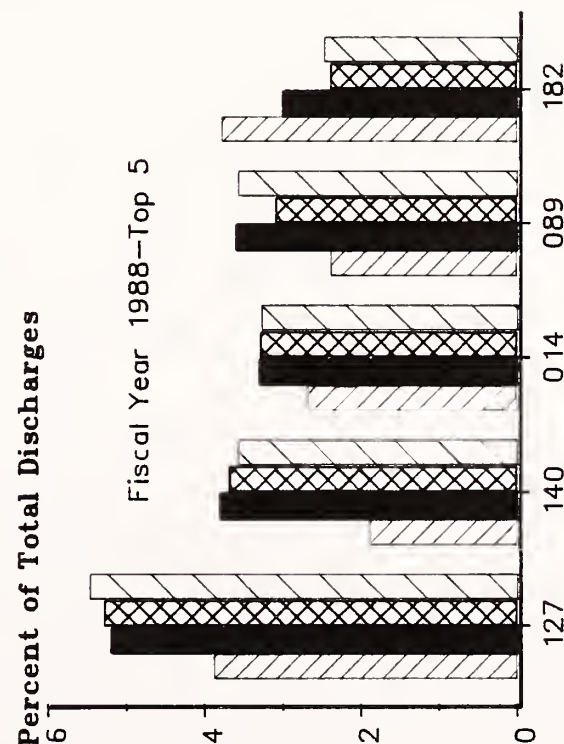
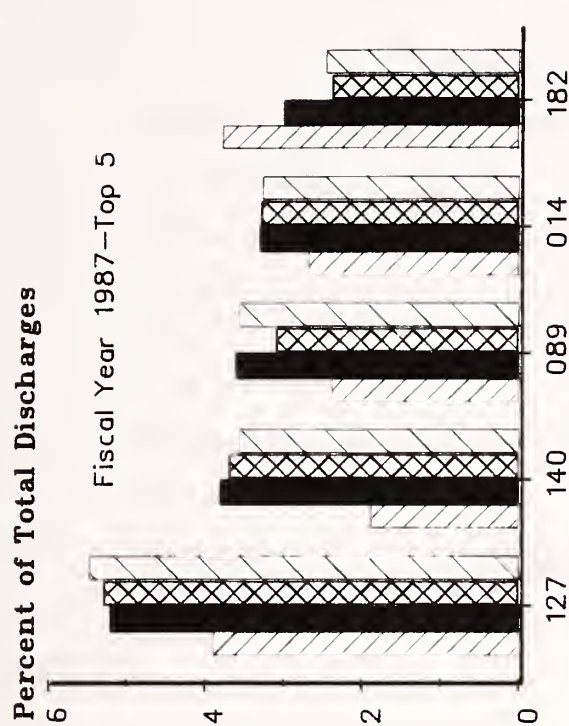
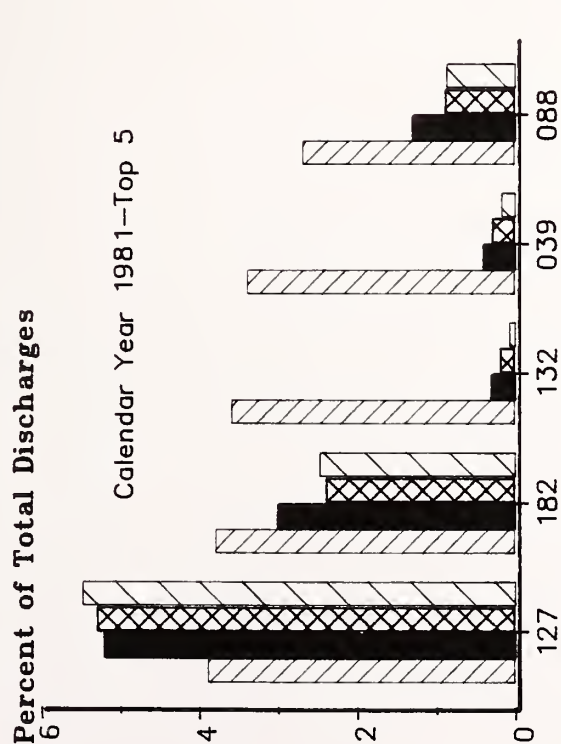
NOTE: Fiscal year data.

SOURCE: HCFA/BDMS

March 1991



# Trends in Top 5 DRGs from Calendar Year 1981 and Fiscal Years 1987-1989



SOURCE: HCFA/BDMS

March 1991



Narrative for Charted DRGs/Calendar Year 1981  
and Fiscal Years 1987-1989

DRG Number	Description
014	Specific Cerebrovascular Disorders Except Transient Ischemic Attack
039	Lens Procedures
088	Chronic Obstructive Pulmonary Disease
089	Simple Pneumonia and Pleurisy, Age over 69 and/or Complicating Conditions (FY 1986-87); Simple Pneumonia and Pleurisy, Age over 17 with Complicating Conditions (FY 1988)
127	Heart Failure and Shock
132	Atherosclerosis, Age over 69 and/or Complicating Conditions
140	Angina Pectoris
182	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 69 and/or Complicating Conditions (CY 1981, FY 1986-87); Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complicating Conditions (FY 1988)

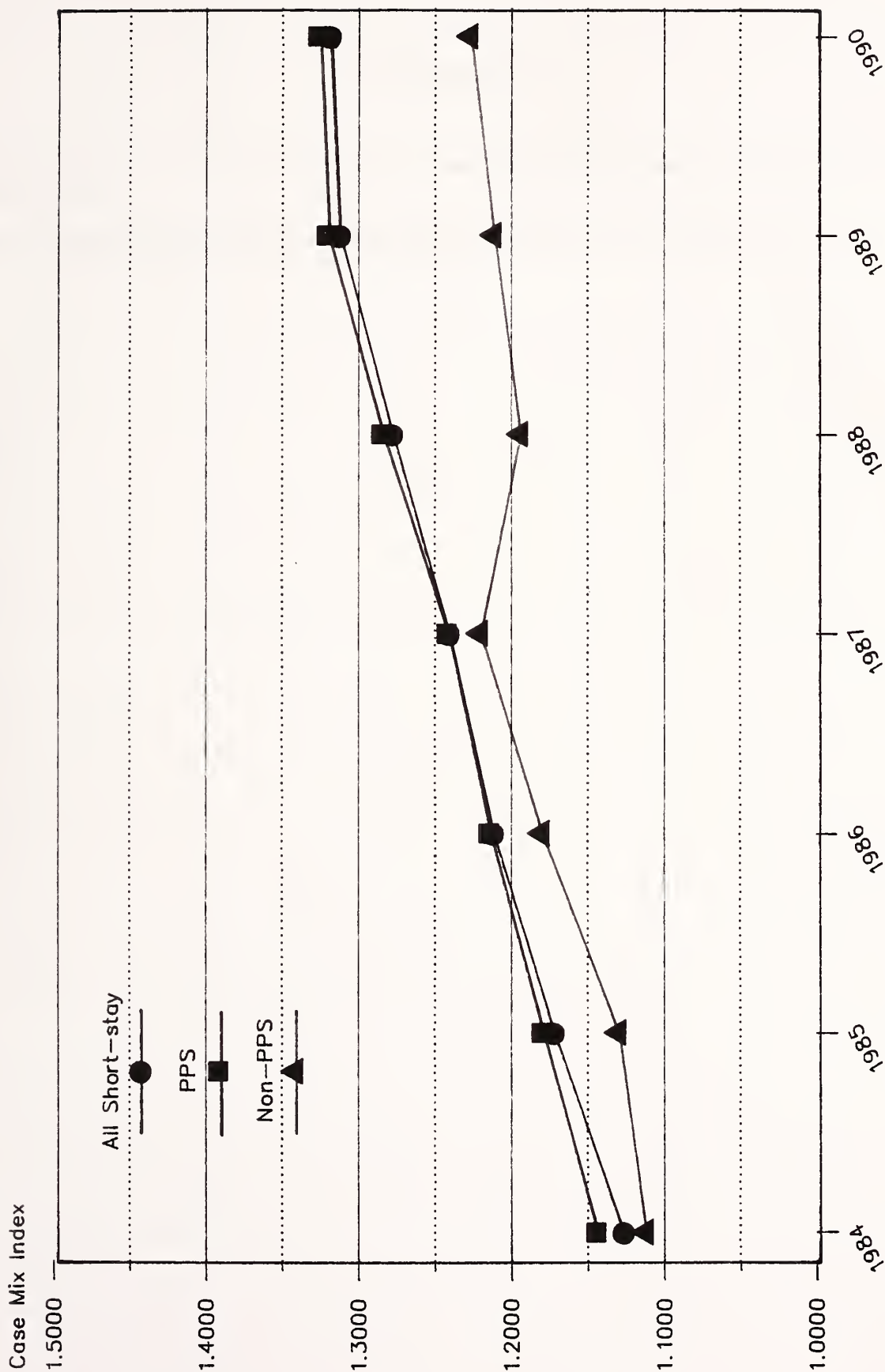
SOURCE: HCFA/BDMS

March 1991





# National Case Mix Index Fiscal Years 1984-1990



NOTE: Based on 20 percent MEDPAR file.

SOURCE: HCFA/BDMS

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### III. EXPENDITURES

Information about proposed, current and past spending for health care by Medicare, Medicaid, HCFA, the Department and the nation as a whole.

Health care spending is shown for HCFA programs and national aggregates over time. Data are shown by type of service, source of funds and broad beneficiary eligibility categories.



## HEALTH CARE SPENDING HIGHLIGHTS

- o Spending for all health care amounted to \$604.1 billion in 1989 or 11.6 percent of the Gross National Product (GNP).
- o Combined Medicare and Medicaid spending accounted for 27.2 percent of total health care expenditures in 1989.
- o The majority of Medicare expenditures are for hospital care. The majority of Medicaid expenditures are for nursing home care.
- o Medicare benefit payments projected for selected categories indicate greater percent changes from fiscal year 1991 to 1992 than the previous fiscal year. Medicare benefit payments for inpatient hospital care are projected to increase 10.7 percent from fiscal year 1991 to 1992. While during the same period of time, physician and supplier payments under Medicare are expected to increase 11.9 percent.

National health expenditures have grown more rapidly than the rest of the economy.

- o Between calendar year 1980 and 1989, national health expenditures grew 10.3 percent per year.
- o During the same period, the gross national product grew 7.4 percent per year.
- o National health expenditures have increased as a share of the gross national product, rising from 9.1 percent in calendar year 1980 to 11.6 percent in calendar year 1989.

Various factors affect the increases in health care expenditures.

- o Personal health care expenditures increased from \$218.3 billion in 1980 to \$530.7 billion in 1989.
- o Population growth has continued to contribute about the same proportion of the increase in personal health expenditures.
- o Price inflation (including medical care and general price inflation) continues to be the major factor.
- o From 1980 to 1985, factors other than price or population (for example, more intensive/utilization per person, changes in the types of care rendered, and technological advances) became a decreasing proportion of the increase in personal health care expenditures. From 1988 to 1989, the proportion contributed by these factors was about the same as in the 1975-1980 period.

The composition of health spending has shifted toward hospital and nursing home care.

- o In calendar year 1965, before the implementation of Medicare and Medicaid, hospital care and nursing home care accounted for 33.7 percent and 4.1 percent of national health expenditures, respectively.
- o By calendar year 1989, hospital care consumed 38.5 percent of the health dollar and nursing home care accounted for 7.9 percent.
- o During the same period, expenditure for research and construction dropped from 8.3 percent of the total to 3.4 percent.

Medical care price indexes continue to increase at a faster rate than the all item Consumer Price Indexes.

- o In recent years, changes in the CPI for all items have lagged considerably behind physicians services and hospital services.
- o In 1990, the CPI for all items increased to 5.0 percent from the preceding year as compared to 7.1 percent for physicians' services and 11.1 percent for hospital rooms.

Employment, hours, and earnings in health care establishments have generally grown faster than the general economy, and are less vulnerable to business cycles. However, this trend was reversed in 1984. Since 1986, the relationship has returned to the more normal pattern.

- o Work hours in all nonagricultural establishments increased 2.6 percent between 1988 and 1989 compared to an increase of 6.2 percent for health care establishments over the same period.

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HCFA Benefit Payments/Major Program Service Categories  
Fiscal Year 1989

Type of Service	Total Program Payments		Medicare <sup>1</sup>		Medicaid <sup>2</sup>	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
Amount in millions						
Total	\$134,414	100.0	\$94,300	100.0	\$54,500	100.0
Inpatient Hospital	62,403	46.4	<sup>3</sup> \$2,540	55.7	14,848	27.2
Skilled Nursing Facilities	7,074	5.3	2,168	2.3	6,660	12.2
Other Nursing Home	13,944	10.4	—	—	15,521	28.5
Home Health	4,332	3.2	2,572	2.7	2,572	4.7
Physician Services	29,148	21.7	<sup>4</sup> \$28,393	30.1	3,408	6.3
Outpatient	8,869	6.6	<sup>5</sup> 7,320	7.8	2,837	5.2
Clinic	1,105	0.8	<sup>6</sup> —	—	1,249	2.3
Prescribed Drugs	3,294	2.5	—	—	3,689	6.8
Other Care	4,245	3.2	<sup>6</sup> \$1,307	1.4	73,716	6.8

<sup>1</sup>Estimated.

<sup>2</sup>Vendor payments (Federal and State) from statistical reporting system; excludes premiums and capitation amounts.

<sup>3</sup>Includes PRO expenditures.

<sup>4</sup>Includes physicians, other practitioners, and Part B suppliers (total of \$26,175 million), and group practice prepayment plans (\$2,218 million).

<sup>5</sup>Covered clinic services are included under outpatient.

<sup>6</sup>Independently billing laboratory and hospice.

<sup>7</sup>Includes dental (\$498 million), other practitioners (\$317 million), laboratory and radiological services (\$590 million), family planning services (\$227 million), early periodic screening (\$146 million), rural health clinic services (\$22 million), and other care (\$1,916 million).

NOTE: Percent distribution based on rounded numbers.

SOURCES: HCFA/OACT/BDMS

March 1991

# Medicare/Trust Fund Projections

	1990	1991	1992
Amount in millions			
HI Total Disbursements <sup>1</sup>	\$66,687	\$70,211	\$77,583
HI Administrative Expenses <sup>2</sup>	964	1,314	1,397
HI Benefit Payments <sup>3</sup>	65,722	68,897	76,186
Aged	58,933	61,725	68,233
Disabled	6,789	7,172	7,953
SMI Total Disbursements <sup>1</sup>	42,973	46,056	52,116
SMI Administrative Expenses <sup>4</sup>	1,522	1,507	1,532
SMI Benefit Payments	41,450	44,549	50,584
Aged	36,790	40,066	45,627
Disabled	4,660	4,483	4,957

<sup>1</sup> Current law data. Totals do not necessarily equal the sum of rounded components.

<sup>2</sup> Includes HI catastrophic administrative costs in fiscal year 1990.

<sup>3</sup> Includes HI catastrophic benefit payments in fiscal year 1990.

<sup>4</sup> Includes SMI and Drug catastrophic administrative costs in fiscal year 1990.

NOTES: Fiscal year data. Administrative expenses for both HI and SMI include the sum of administrative costs, research, and PROs.

SOURCE: HCFA/OBA

March 1991



# Medicare/Type of Benefit

	Benefit Payments <sup>1</sup>				Percent Distribution
	1989	1990	1991	1992	1992
Amount in millions					
Total HI <sup>2</sup>	\$57,231	\$65,722	\$68,897	\$76,186	100.0
Inpatient Hospital	52,338	58,800	62,047	68,701	90.2
Skilled Nursing Facility	2,168	3,202	2,631	2,762	3.6
Home Health Agency	2,514	3,400	3,754	4,118	5.4
Hospice	211	320	465	605	0.8
Total SMI <sup>2</sup>	36,867	41,450	44,549	50,584	100.0
Physician/Other Suppliers	26,175	28,955	30,076	33,655	66.5
Outpatient	7,320	8,368	9,522	10,984	21.7
Home Health Agency	58	73	54	61	0.1
Group Practice Prepayment	2,218	2,649	3,111	3,634	7.2
Independent Laboratory	1,096	1,405	1,786	2,250	4.4

<sup>1</sup> Includes the effect of regulatory items and recent legislation but not proposed law. Includes HI catastrophic benefits in fiscal year 1990.

<sup>2</sup> Excludes PRO expenditures.

NOTES: Fiscal year data. Benefits by type of service are estimated and are subject to change.

SOURCES: HCFA/OACT for fiscal year 1989 and OBA for fiscal years 1990-92.

March 1991

Medicaid/Basis of Eligibility

	Vendor Payments				Percent Distribution
	1985	1987	1988	1989	1989
	Amount in millions				
Total	\$37,508	\$45,050	\$48,710	\$54,500	100.0
Age 65 and over	14,096	16,037	17,135	18,558	34.1
Blind	249	309	344	409	0.8
Disabled	13,203	16,507	18,250	20,476	37.6
Dependent Children under Age 21	4,414	5,508	5,848	6,892	12.6
Adults in Families with Dependent Children	4,746	5,592	5,883	6,897	12.7
Other Title XIX	798	1,078	1,198	1,137	2.1

NOTES: Fiscal year data. Vendor payments exclude premiums and capitation amounts. Totals do not necessarily equal the sum of rounded components due to the inclusion of data for Eligible Unknowns.

SOURCE: HCFA/BDMS

March 1991

Medicaid Vendor Payments by Type of Service

	1985	1987	1988	1989	Percent Distribution 1989
	Amount in millions				
Total	\$37,508	\$45,050	\$48,710	\$54,400	100.0
Inpatient Services	10,645	12,711	13,452	14,848	27.2
General Hospitals	9,453	11,302	12,076	13,378	24.5
Mental Hospitals	1,192	1,409	1,375	1,470	2.7
Skilled Nursing Facilities	5,071	5,967	6,354	6,660	12.2
ICF Services	10,079	12,871	13,944	15,521	28.5
Mentally Retarded	4,731	5,591	6,022	6,649	12.2
All Other	6,516	7,280	7,922	8,871	16.3
Physician Services	2,346	2,776	2,953	3,408	6.3
Dental Services	458	541	577	498	0.9
Other Practitioner Services	251	263	284	317	0.6
Outpatient Hospital Services	1,789	2,226	2,413	2,837	5.2
Clinic Services	714	963	1,105	1,249	2.3
Laboratory & Radiological Services	337	475	543	590	1.1
Home Health Services	1,120	1,690	2,015	2,572	4.7
Prescribed Drugs	2,315	2,988	3,294	3,689	6.8
Family Planning Services	195	228	206	227	0.4
Early and Periodic Screening	85	115	123	146	0.3
Rural Health Clinics	7	13	15	22	0.0
Other Care	928	1,221	1,431	1,916	3.5

NOTES: Fiscal year data. Percent distribution based on rounded numbers. Vendor payments exclude premiums and capitation amounts.

SOURCE: HCFA/BDMS

March 1991

Medicaid Expenditures/Type of Service and Basis of Eligibility  
Fiscal Year 1989

	Total Vendor Payments	Inpatient Hospital Services	Other Services	Long-Term Care Services <sup>1</sup>
	Percent Distribution			
All Groups	100.0	24.5	27.3	48.4
Age 65 and over	34.1	2.3	4.2	27.5
Blind and Disabled	38.4	9.3	6.6	19.1
Children under Age 21	12.6	6.0	6.0	0.6
AFDC-type Adults	12.7	5.9	6.4	0.3

<sup>1</sup>Includes services in mental facilities, SNF, ICF, ICF/MR, and Home Health Services.

NOTE: Totals do not necessarily equal the sum of rounded components due to the exclusion of other Title XIX and Eligible Unknowns.

SOURCE: HCFA/BDMS

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National Health Care/Type of Expenditure  
Calendar Year 1989

	National Total in billions	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$604.1	\$2,354	27.2	16.9	10.3
Health Services and Supplies	583.5	2,274	28.2	17.5	10.7
Personal Health Care	530.7	2,068	30.0	18.8	11.2
Hospital Care	232.8	907	36.5	26.7	9.8
Physicians' Services	117.6	458	27.0	23.4	3.6
Nursing Home Care	47.9	187	50.6	7.5	43.1
Other Personal Health Care	132.4	516	13.8	5.0	8.7
Other Services and Supplies	52.8	206	10.2	4.3	5.9
Research/Construction	20.6	80	--	--	--

SOURCE: HCFA/OACT

March 1991

HCFA Benefit Payments/Major Personal Health Expenditure Service Categories  
Calendar Year 1989

Type of Service <sup>1</sup>	Total Program Payments		Medicare		Medicaid	
	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution
Total	\$159.2	100.0	\$99.8	100.0	\$59.3	100.0
Hospital Care	85.0	53.4	62.1	62.2	22.9	38.6
Physicians' Services	31.7	19.9	27.5	27.5	4.2	7.1
Dentists' Services	0.6	0.4	--	--	0.6	1.0
Other Professional Services <sup>2</sup>	4.2	2.6	2.5	2.5	1.7	2.9
Home Health Care <sup>3</sup>	4.0	2.5	2.1	2.1	1.9	3.3
Drugs and Other Medical Nondurables	4.1	2.6	--	--	4.1	7.0
Vision Products and Other Medical Durables	2.1	1.3	2.1	2.1	--	--
Nursing Home Care	24.2	15.2	3.6	3.6	20.6	34.8
Other Personal Health Care	3.2	2.0	0.0	0.0	3.2	5.3

<sup>1</sup>Service categories used in this table are based on the National Health Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital-based ICF-MR and hospital-based home health services appear as hospital care rather than as nursing home care or as home health services.

<sup>2</sup>Other professional services include private-duty nurses, chiropractors, optometrists, and other licensed health professionals.

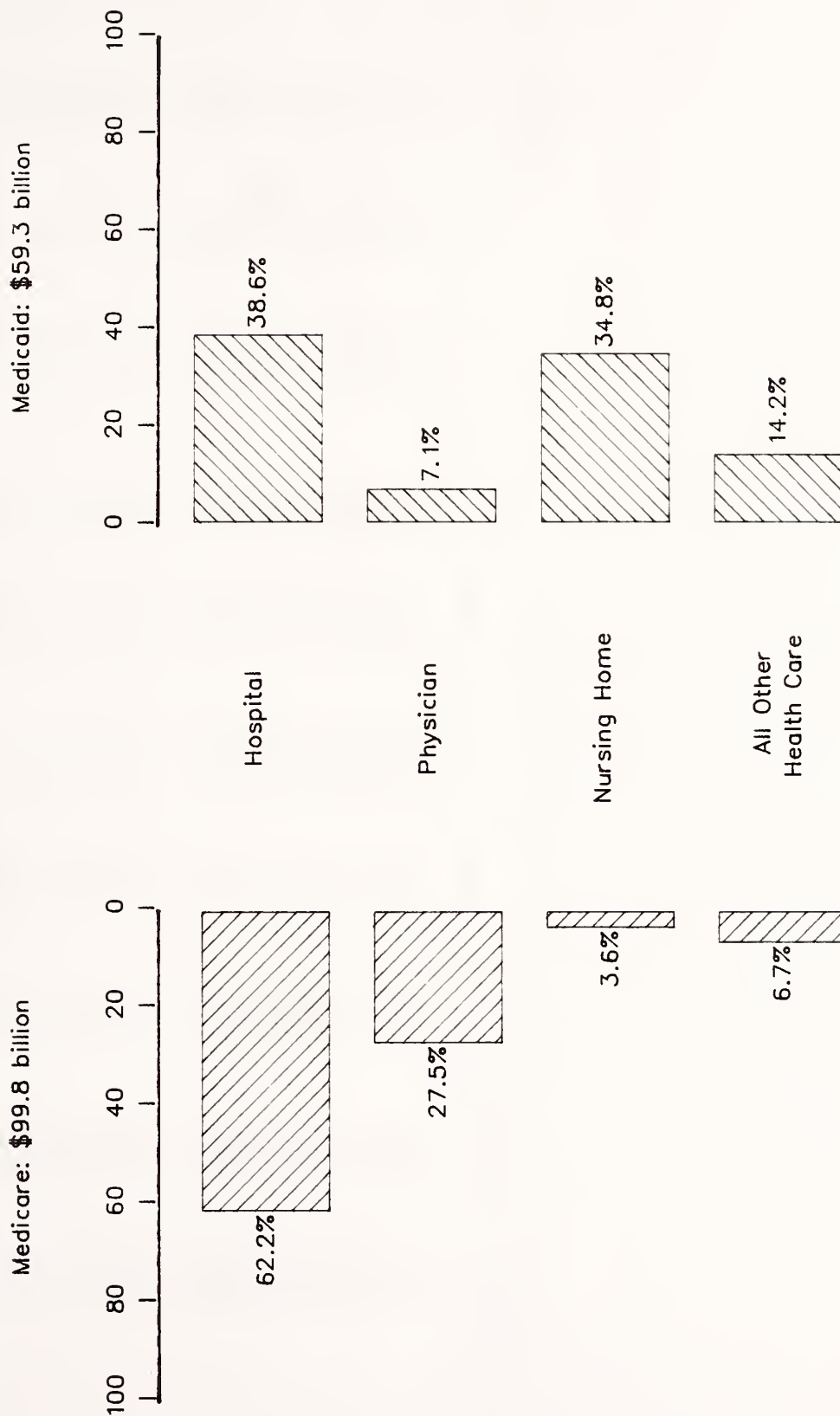
<sup>3</sup>Non-facility based home health care and some Medicaid care delivered in homes.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments is 57 percent.

SOURCE: HCFA/OACT

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# Medicare and Medicaid Benefit Payments as a Percent of Total Benefit Payments by Type of Service, Calendar Year 1989



SOURCE: HCFA/OACT

March 1991





National Health Care/Trends in Public versus Private Funding

Calendar Year	GNP in billions	National Health Expenditures									
		Total			Private Funds			Public Funds			
		Amount in billions	Per Capita	Percent of GNP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Per Capita	Percent of Total	
1965	\$705	\$41.6	\$204	5.9	\$31.3	\$154	75.3	\$10.3	\$50	24.7	
1966	772	45.9	222	5.9	32.3	157	70.4	13.6	66	29.6	
1967	816	51.7	248	6.3	32.5	156	62.9	19.2	92	37.1	
1970	1,015	74.4	346	7.3	46.7	217	62.8	27.7	129	37.2	
1975	1,598	132.9	592	8.3	77.8	346	58.5	55.1	245	41.5	
1980	2,732	249.1	1,059	9.1	143.9	612	57.8	105.2	447	42.2	
1981	3,053	288.6	1,215	9.5	166.8	702	57.8	121.8	512	42.2	
1982	3,166	323.8	1,349	10.2	189.0	788	58.4	134.8	562	41.6	
1983	3,406	356.1	1,469	10.5	208.5	860	58.5	147.7	609	41.5	
1984	3,772	387.0	1,582	10.3	227.3	929	58.7	159.7	653	41.3	
1985	4,015	420.1	1,700	10.5	245.0	992	58.3	175.1	709	41.7	
1986	4,232	452.3	1,813	10.7	260.9	1,046	57.7	191.3	767	42.3	
1987	4,516	492.5	1,955	10.9	282.9	1,123	57.4	209.6	832	42.6	
1988	4,874	544.0	2,139	11.2	315.8	1,242	58.0	228.2	898	42.0	
1989	5,201	604.1	2,354	11.6	350.9	1,367	58.1	253.3	987	41.9	

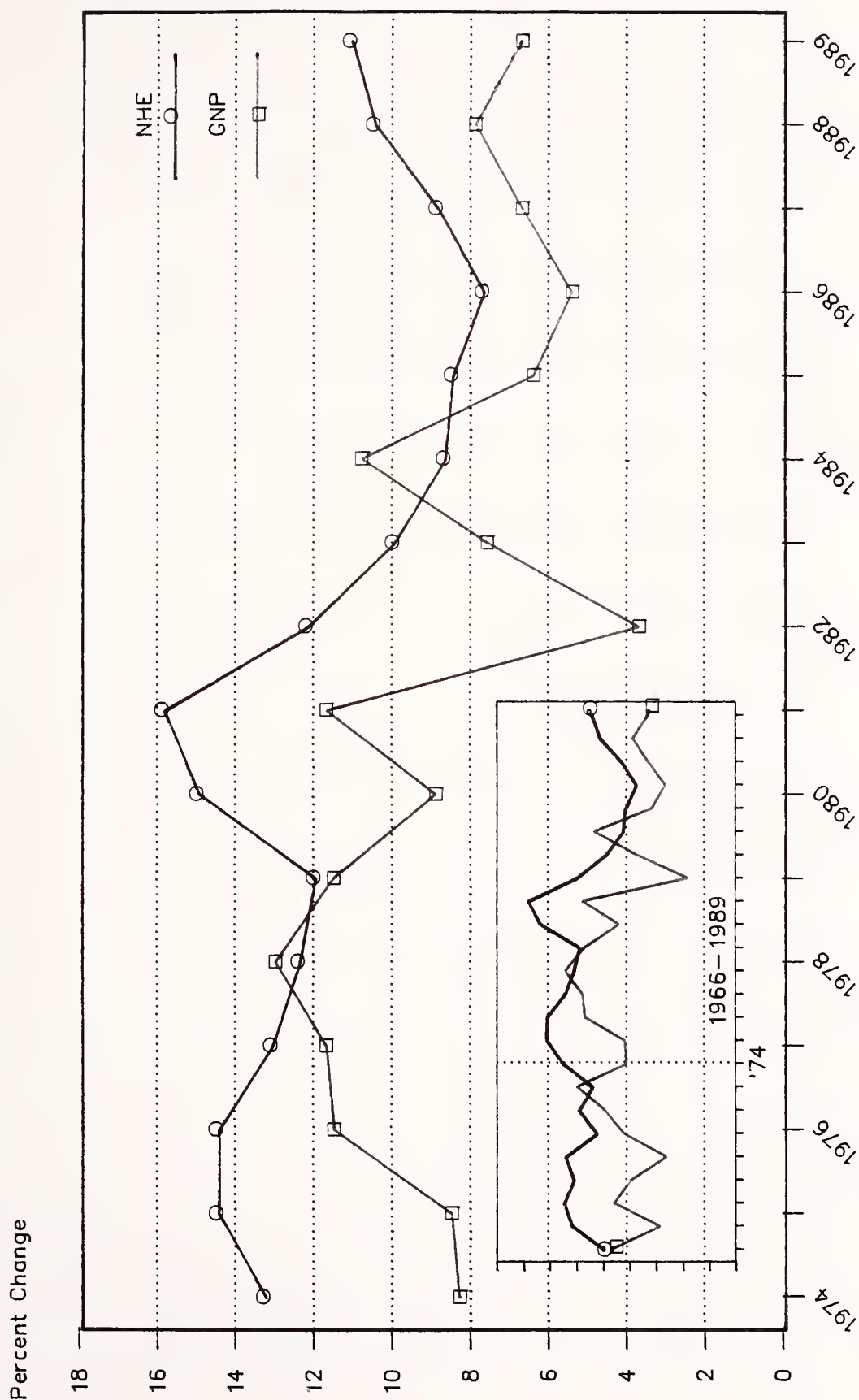
NOTE: These data reflect: 1) Bureau of Economic Analysis' revisions to Gross National Product as of July 1990; and 2) Social Security Administration's revisions to the population as of July 1990.

SOURCES: HCFA/OACT/SSA and U.S. Department of Commerce, Bureau of Economic Analysis

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# Economic Growth versus Growth in National Health Expenditures Calendar Years 1974-1989

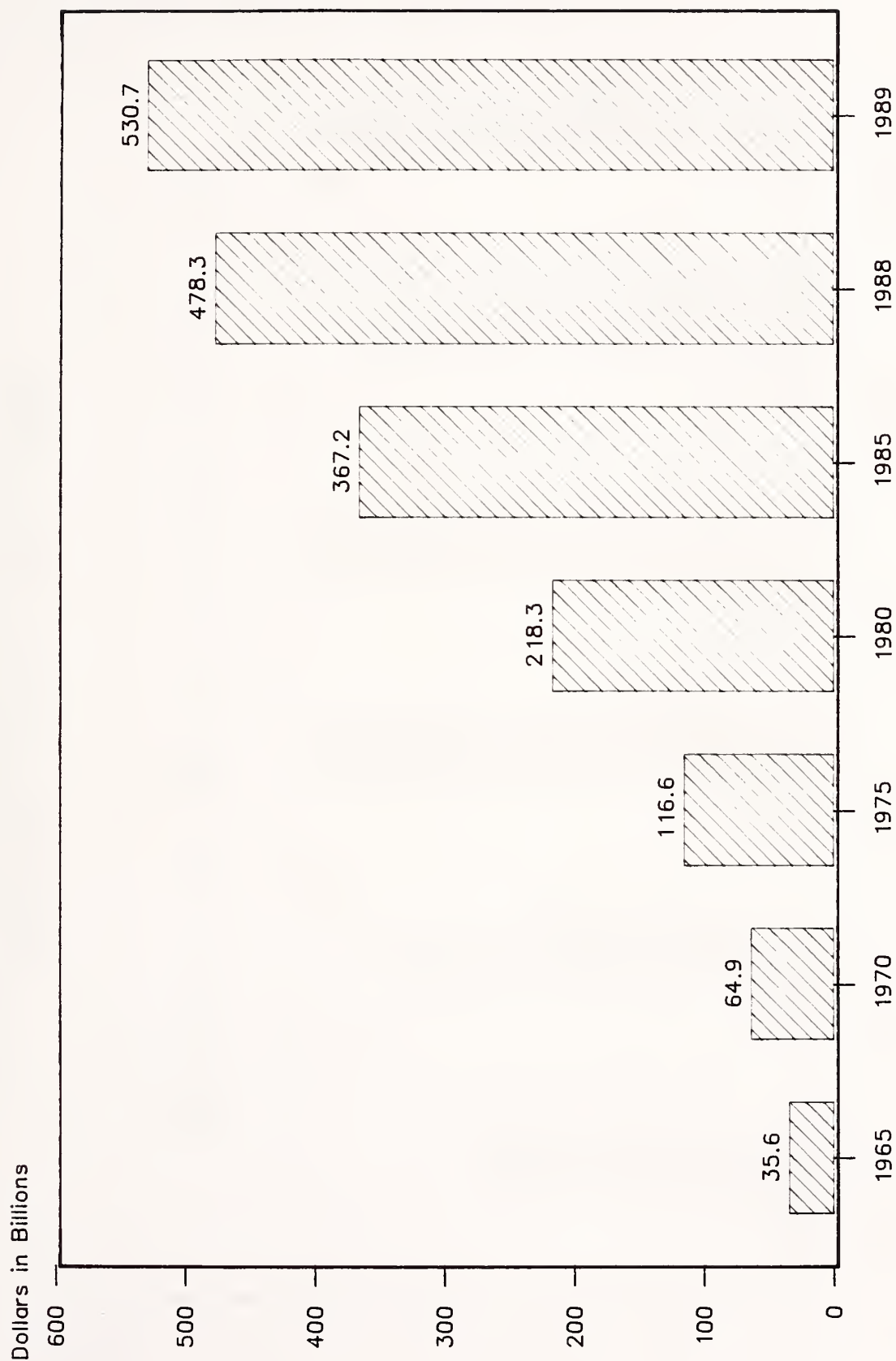


SOURCE: HCFA/OACT

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# Personal Health Care Expenditures for Selected Calendar Years 1965-1989

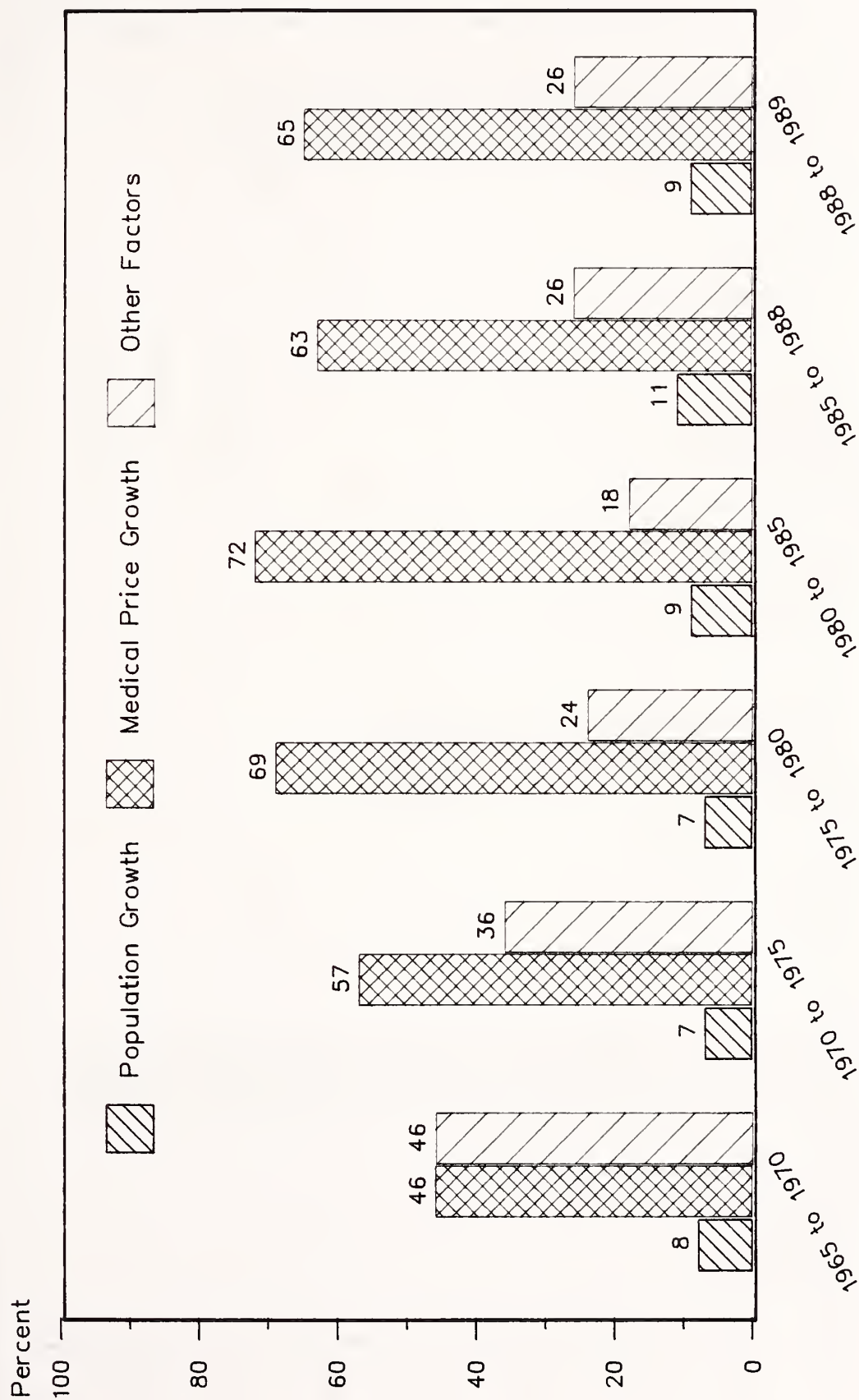


SOURCE: HCFA/OACT

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# Factors Accounting for the Increase of Personal Health Care Expenditures Calendar Years 1965-1989



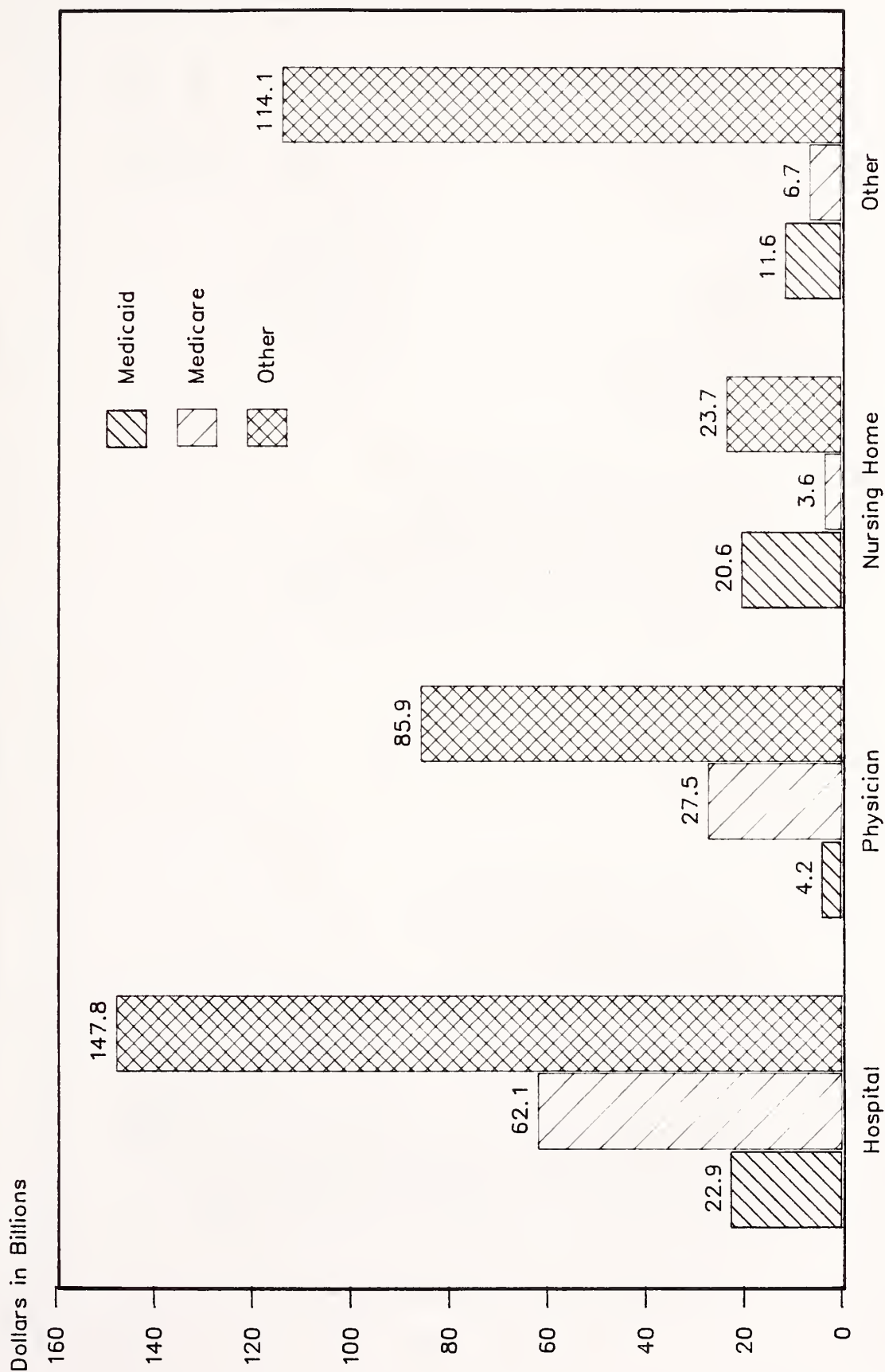
SOURCE: HCFA/OACT

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# Medicaid, Medicare, and Other Personal Health Care Expenditures, by Type of Service Calendar Year 1989

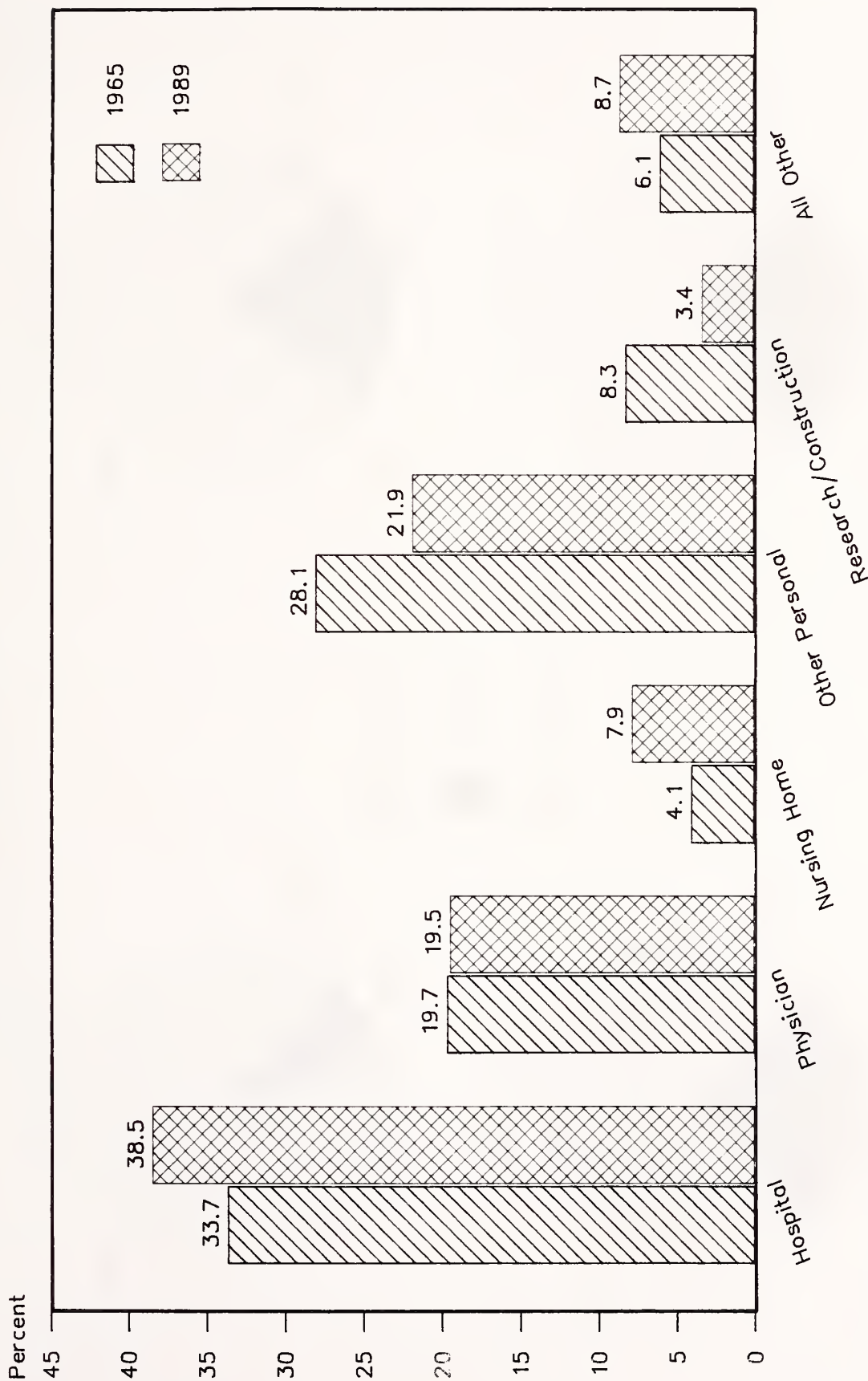


SOURCE: HCFA/OACT

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# Percent of National Health Expenditures by Type of Service Calendar Year 1965 versus 1989

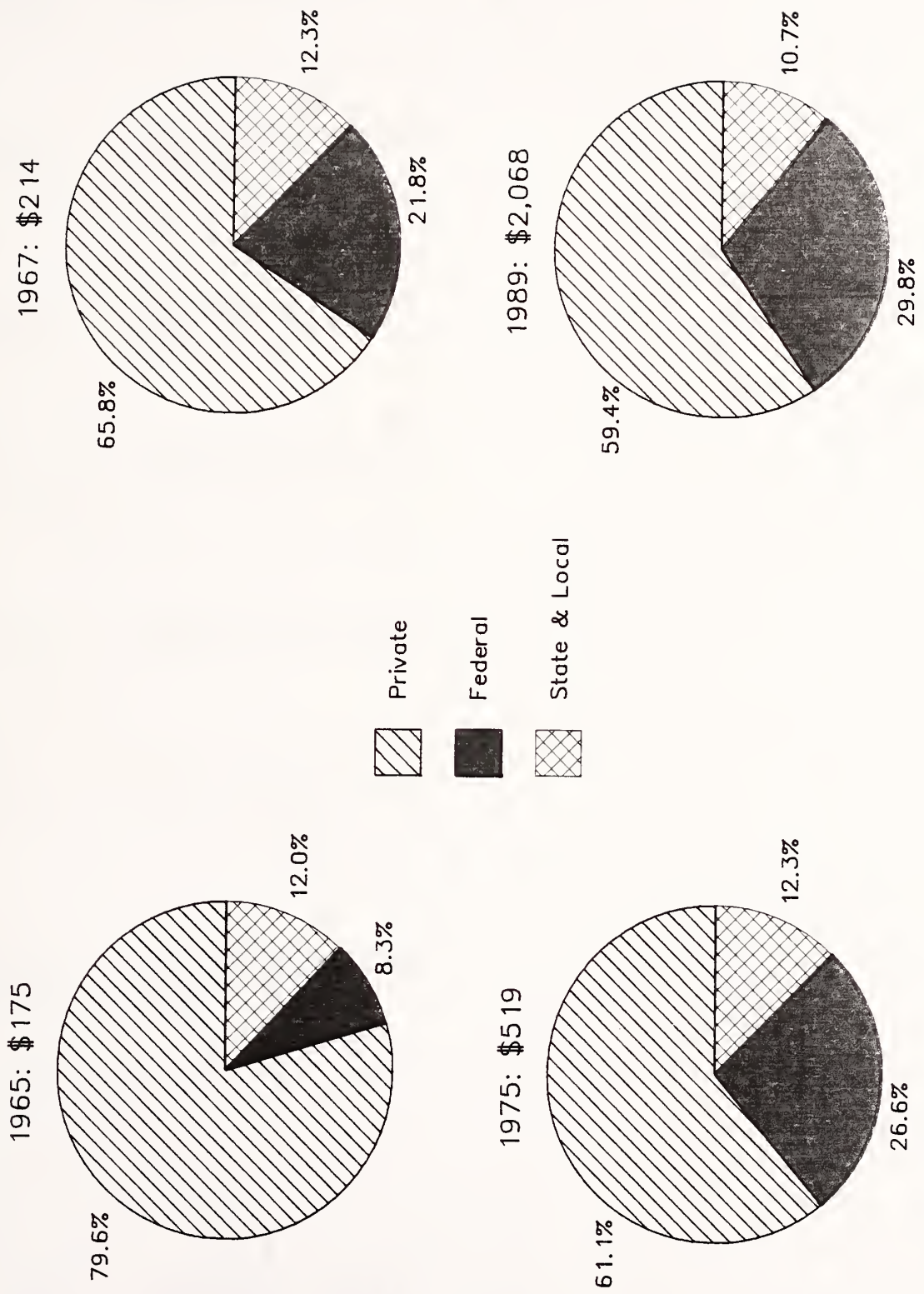


SOURCE: HCFA/OACT

March 1991



# Per Capita Personal Health Care Expenditures by Source of Funds, Selected Calendar Years



SOURCE: HCFA/OACT

March 1991



National Health Care/Source of Funds

	1965	1970	1975	1980	1985	1988	1989
Total in billions	\$41.6	\$74.4	\$132.9	\$249.1	\$420.1	\$544.0	\$604.1
	Percent Distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	75.3	62.8	58.5	57.8	58.3	58.0	58.1
Out-of-Pocket	45.7	34.4	29.0	23.5	21.8	21.2	20.7
Private Health Insurance	24.0	22.5	24.8	29.5	31.9	32.3	33.1
Other Private	5.5	5.9	4.8	4.8	4.6	4.5	4.4
Federal Government	11.6	23.9	27.4	28.9	29.4	28.8	28.9
Medicare	—	10.3	12.3	15.1	17.2	16.6	16.9
Federal Medicaid	—	3.8	5.6	5.8	5.5	5.7	5.9
Other Federal	11.6	9.8	9.5	8.0	6.8	6.5	6.1
State/local Government	13.2	13.3	14.1	13.3	12.3	13.1	13.0
State Medicaid	—	3.3	4.6	4.7	4.4	4.4	4.5
Other State/Local	13.2	10.0	9.5	8.7	7.8	8.8	8.6

NOTE: Calendar year data.

SOURCE: HCFA/OACT

March 1991

Personal Health Care/Payment Source

	1965	1970	1975	1980	1985	1988	1989
Total in billions	\$35.6	\$64.9	\$116.6	\$218.3	\$367.2	\$480.0	\$530.7
	Percent Distribution						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	79.6	65.4	61.1	60.1	59.5	59.9	59.4
Out-of-Pocket	53.4	39.5	33.1	26.8	25.0	24.1	23.5
Private Health Insurance	24.3	23.4	25.6	29.9	31.0	32.5	32.6
Other Private	1.9	2.6	2.5	3.5	3.5	3.3	3.3
Public Funds	20.4	34.6	38.9	39.9	40.5	40.1	40.6
Federal	8.3	22.6	26.6	29.1	30.5	29.5	29.8
State and Local	12.0	12.0	12.3	10.8	10.0	10.6	10.7

NOTE: Calendar year data.

SOURCE: HCFA/OACT

March 1991



Fiscal Year¹	CPI				Medical Care										Medical Care Commodities	
	All Items		All Services		Medical Care Services					Other						
	Total	Less Medical	Total	Less Medical	Hospital and Related Services			Inpatient Services		Outpatient Services		Physicians' Services	Total	Prescription Drugs		
					Total	Room²	Hospital	Total	Services	Services	Services					
Yr. Ending June:																
1965	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
1966	2.2	2.2	2.8	2.6	3.0	3.7	--	--	6.6	--	--	--	4.3	--	-0.0	-0.6
1967	3.2	2.9	4.7	4.0	6.4	7.9	--	--	17.6	--	--	--	7.4	--	0.0	-0.9
1968	3.3	3.1	4.2	3.8	6.4	8.0	--	--	16.1	--	--	--	6.1	--	-0.2	-2.0
1969	4.9	4.8	6.3	6.1	6.5	7.6	--	--	13.5	--	--	--	5.9	--	-0.5	-0.4
1970	5.9	5.8	7.6	7.6	6.4	7.4	--	--	12.8	--	--	--	7.4	--	1.5	1.9
1971	5.2	5.1	7.3	7.1	7.0	7.7	--	--	13.3	--	--	--	7.6	--	2.5	0.5
1972	3.6	3.5	4.5	4.4	4.7	5.3	--	--	9.4	--	--	--	5.1	--	0.9	0.3
1973	4.0	4.1	3.5	3.5	3.1	3.6	--	--	5.1	--	--	--	2.6	--	0.1	-0.8
1974	8.9	9.2	6.5	6.5	5.7	6.4	--	--	5.9	--	--	--	5.0	--	1.0	0.5
1975	11.1	11.0	10.8	10.3	12.5	13.3	--	--	16.5	--	--	--	12.8	--	7.0	5.0
1976	7.1	6.9	8.5	8.0	10.2	10.6	--	--	15.2	--	--	--	11.4	--	7.2	5.8
Sept:																
1977	6.1	5.8	7.6	7.2	9.7	10.2	--	--	11.9	--	--	--	9.6	--	6.2	5.5
1978	7.0	7.0	8.1	8.0	8.5	8.7	--	--	10.6	--	--	--	8.5	--	7.0	7.6
1979	10.3	10.4	10.2	10.3	9.1	9.5	--	--	11.9	--	--	--	8.9	--	7.1	7.7
1980	13.6	13.7	15.1	15.5	10.7	11.1	12.5	12.2	--	--	--	--	10.2	--	8.7	8.6
1981	11.1	11.1	13.1	13.4	10.3	10.3	14.3	14.3	--	--	--	--	10.8	--	10.6	10.7
1982	7.4	7.2	11.1	11.1	11.9	12.1	14.6	16.4	--	--	--	--	10.3	--	10.6	11.9
1983	3.5	3.2	3.9	3.2	9.8	9.9	12.0	12.4	--	--	--	--	7.8	--	9.2	11.5
1984	4.1	3.9	4.8	4.7	6.4	6.2	9.3	8.8	--	--	--	--	7.3	--	7.4	9.6
1985	3.7	3.5	5.2	5.1	6.1	5.9	7.0	6.7	--	--	--	--	5.8	--	7.3	9.8
1986	2.5	2.2	5.1	4.8	7.3	7.4	5.5	5.3	--	--	--	--	6.9	--	6.7	8.7
1987	2.9	2.6	4.2	3.9	7.0	7.2	6.9	7.3	--	--	--	--	7.6	--	6.4	8.1
1988	4.1	4.0	4.4	4.3	6.3	6.2	8.4	8.4	--	--	--	--	7.0	--	6.9	8.0
1989	4.8	4.6	4.9	4.7	7.3	7.2	11.2	10.1	13.0	10.4	10.4	10.4	7.4	--	7.5	8.4
1990	5.0	4.8	5.3	5.0	8.8	8.9	11.1	11.1	10.9	11.3	11.3	11.3	7.1	--	8.3	9.8

"Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

<sup>2</sup>Revised title. Years prior to January 1978 reflect semi-private room charges. January 1978.

<sup>3</sup>Based on sum of monthly figures for given years.

**SOURCES:** HCFA/OACT and U.S. Department of Labor, Bureau of Labor Statistics

**March 1991**

(1982-1984=100)

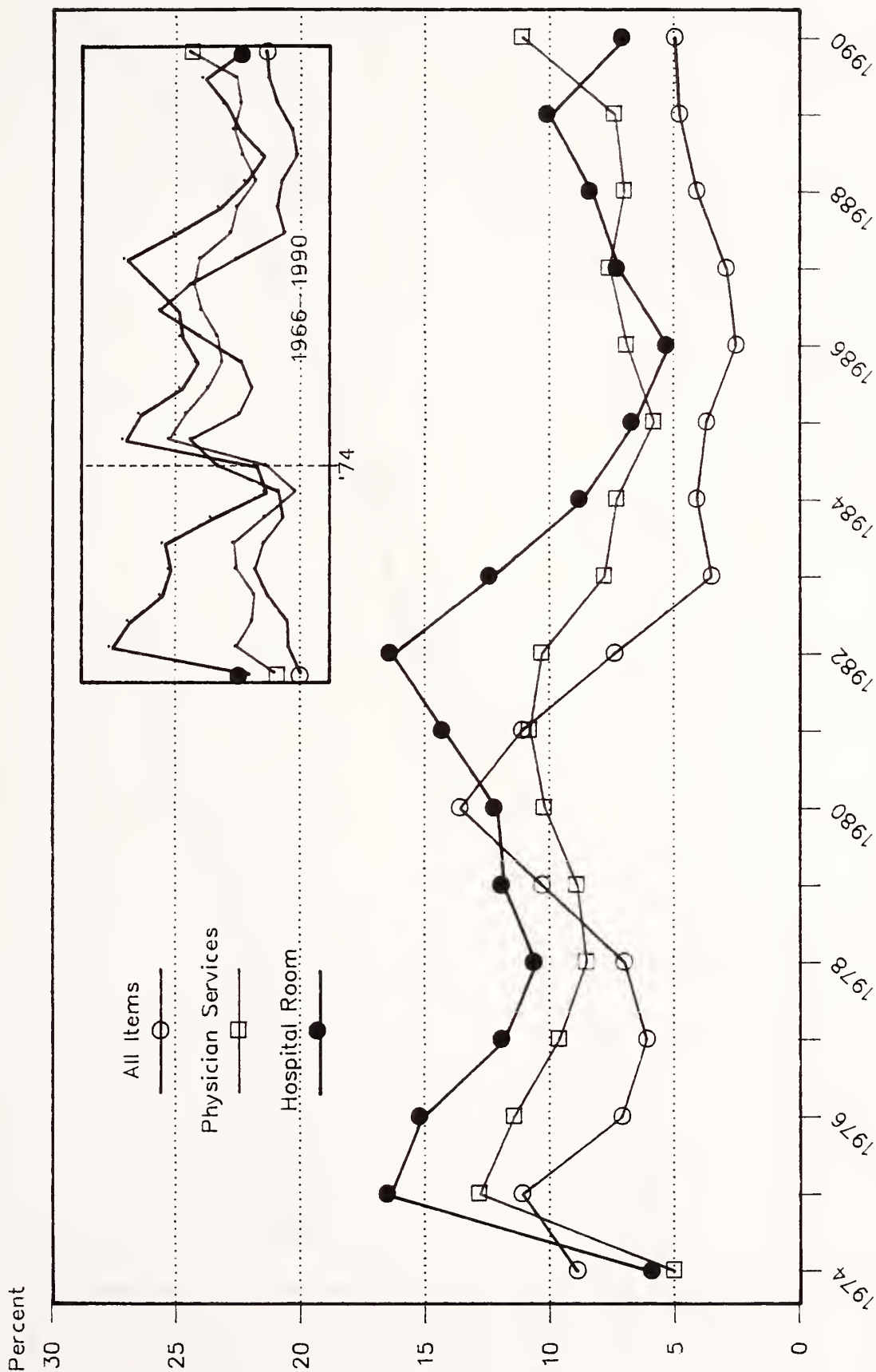
<sup>1</sup>Revisions to scope, concept, and methodology related to the CPI, beginning in January 1978, make comparisons with earlier periods tenuous, as the goods or services priced in 1978 may differ from that priced in 1977 and prior. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 1978.

<sup>2</sup>Revised title. Years prior to January 1978 reflect semi-private room charges.

<sup>3</sup>Data not reported for March 1965. Price indexes derived by averaging surrounding quarterly indexes.

March 1991

# Consumer Price Indexes/Annual Percent Change Fiscal Years 1974-1990 (1982-84=100)

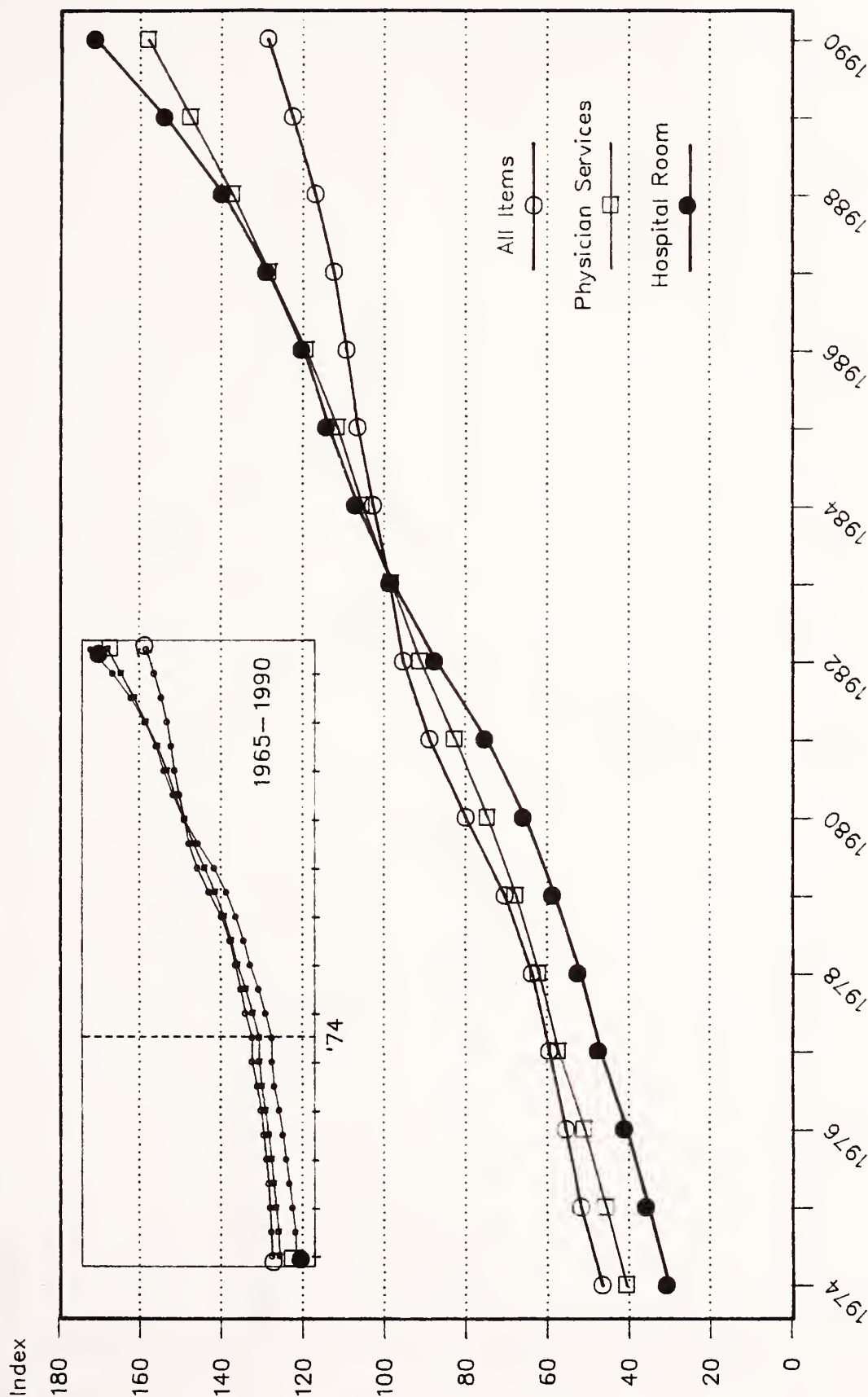


SOURCES: HCFA/OACT and U.S. Dept. of Labor, Bureau of Labor Statistics

March 1991



# Selected Consumer Price Indexes Fiscal Years 1974-1990 (1982-84=100)



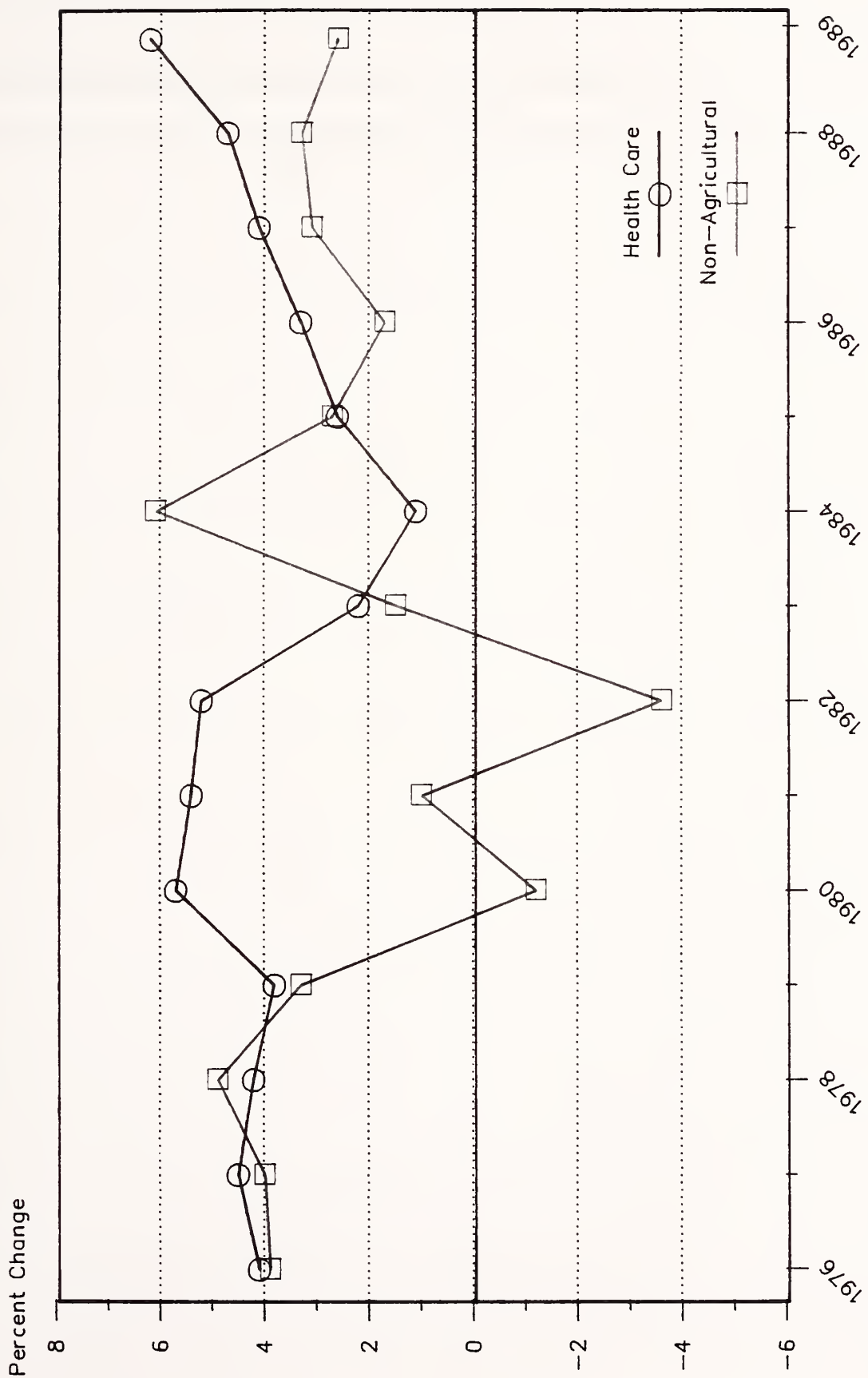
SOURCES: HCFA/OACT and U.S. Dept. of Labor, Bureau of Labor Statistics

March 1991





# Workhours in Private Health Care Establishments versus All Non-Agricultural Establishments Calendar Years 1976-1989



SOURCE: HCFA/OACT

March 1991





#### IV. ADMINISTRATIVE/OPERATING

Information on activities and services related to oversight of the day-to-day operations of HCFA programs.

Current and trend data on trust fund operations, contractor performance, and administrative costs are included.



Medicare/Operations of the HI Trust Fund

Fiscal Year <sup>1</sup>	Transfers from Railroad Retirement Account				Income		Disbursements				Trust Fund	
	Payroll Taxes	Reimbursement for Uninsured Persons	Premiums from Voluntary Enrollees	Payments for Military Wage Credits	Interest on Investments and Other Income <sup>2</sup>	Total Income	Benefits Payments <sup>3</sup>	Administrative Expenses <sup>4</sup>	Total Disbursements	Interfund Borrowing Transfers <sup>5</sup>	Net Increase in Fund	Fund at End of Year
Amount in millions												
1967	\$2,689	\$16	\$327	\$11	\$46	\$3,089	\$2,508	\$89	\$2,597		\$492	\$1,343
1970	4,785	64	617	11	137	5,614	4,804	149	4,953		661	2,677
1971	4,898	66	863	11	180	6,018	5,442	150	5,592		426	3,103
1972	5,226	66	503	48	188	6,031	6,108	167	6,276		-245	2,859
1973	7,663	63	381	48	196	8,352	6,648	194	6,842		1,510	4,369
1974	10,602	99	451	48	405	11,610	7,806	259	8,065		3,545	7,914
1975	11,291	132	481	48	609	12,568	10,353	259	10,612		1,956	9,870
1976	12,031	138	610	48	709	13,544	12,267	312	12,579		966	10,836
T.Q.	3,366	143	<sup>6</sup> 0	0	5	3,516	3,315	89	3,404		112	10,948
1977	13,649	<sup>7</sup> 0	<sup>8</sup> 03	141	770	15,374	14,906	301	15,207		167	11,115
1978	16,677	<sup>9</sup> 214	688	<sup>10</sup> 143	809	18,543	17,411	451	17,862		681	11,796
1979	19,927	191	734	141	901	21,910	19,891	452	20,343		1,567	13,363
1980	23,244	244	697	141	1,072	25,415	23,790	497	24,288		1,127	14,490
1981	30,425	276	659	141	1,341	32,863	28,907	353	29,260		3,603	18,093
1982	34,390	351	808	207	1,829	37,611	34,343	521	34,864		2,747	20,840
1983	36,387	358	878	<sup>11</sup> 3,663	2,629	43,940	38,102	522	38,624	\$-12,437	-7,121	13,719
1984	41,364	351	752	250	2,812	45,563	41,476	633	42,108		3,455	17,174
1985	46,490	371	766	86	3,182	50,933	47,841	813	48,654	1,824	4,103	21,277
1986	53,020	364	566	<sup>12</sup> 7,714	3,167	56,442	49,018	667	49,685	10,613	17,370	38,648
1987	57,820	368	447	94	3,982	62,751	49,967	836	50,803		11,949	50,596
1988	61,901	364	475	80	5,148	68,010	52,022	707	52,730		15,281	65,877
1989	67,527	379	515	86	6,567	75,116	57,433	805	58,238		16,878	82,755
1990	70,655	367	413	107	7,908	79,563	65,912	774	66,687		12,876	95,631

<sup>1</sup>Fiscal years 1976 and earlier consist of the 12 months ending on June 30 of each year; the three-month interval from July 1, 1976 through September 30, 1976 labeled "T.Q." is the transition quarter; fiscal years 1977 and later consist of the 12 months ending on September 30 of each year.

<sup>2</sup>Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and a small amount of miscellaneous income.

<sup>3</sup>Includes costs of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983).

<sup>4</sup>Includes costs of experiments and demonstration projects.

<sup>5</sup>A negative amount is a loan to the OASI trust fund; a positive amount is a repayment of loan principal to the HI trust fund.

<sup>6</sup>The 1977 transfer is for benefits and administrative expenses during the five-quarter period covering the transition quarter and fiscal year 1977.

<sup>7</sup>The 1978 transfer is for contributions during the five-quarter period covering the transition quarter and fiscal year 1977.

<sup>8</sup>Includes \$2 million in reimbursement from general revenues for costs arising from the granting of deemed wage credits to persons of Japanese ancestry who were interned during World War II.

<sup>9</sup>Includes the lump sum general revenue transfer of \$3,456 million, as provided for by section 151 of P.L. 98-21.

<sup>10</sup>Includes the lump sum general revenue transfer of -\$805 million, as provided for by section 151 of P.L. 98-21.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1991

Medicare/Operations of the SMI Trust Fund

Fiscal Year <sup>1</sup>	Income			Disbursements			Balance in Fund at End of Year <sup>4</sup>
	Premiums from Participants	Government Contributions <sup>2</sup>	Interest and Other Income <sup>3</sup>	Total Income	Benefit Payments	Administrative Expenses	Total Disbursements
Amount in millions							
1967	\$647	\$623	\$15	\$1,285	\$664	\$135	\$799
1970	936	928	12	1,876	1,979	217	2,196
1971	1,253	1,245	18	2,516	2,035	248	2,283
1972	1,340	1,365	29	2,734	2,255	289	2,544
1973	1,427	1,430	45	2,902	2,391	246	2,637
1974	1,704	2,029	76	3,809	2,874	409	3,283
1975	1,887	2,330	105	4,322	3,765	405	4,170
1976	1,951	2,939	104	4,994	4,672	528	5,200
T.Q.	539	878	4	1,421	1,269	132	1,401
1977	2,193	5,053	137	7,383	5,867	475	6,342
1978	2,431	6,386	228	9,045	6,852	504	7,356
1979	2,635	6,841	363	9,839	8,259	555	8,814
1980	2,928	6,932	415	10,275	10,144	593	10,737
1981	3,320	8,747	372	12,439	12,345	883	13,228
1982	3,831	13,323	473	17,627	14,806	754	15,560
1983	4,227	14,238	682	19,147	17,487	824	18,311
1984	4,907	16,811	807	22,525	19,473	899	20,372
1985	5,524	17,898	1,155	24,577	21,808	922	22,730
1986	5,699	18,076	1,228	25,003	25,169	1,049	26,218
1987	6,480	20,299	1,018	27,797	29,937	900	30,837
1988	8,756	25,418	828	35,002	33,682	1,265	34,947
1989	11,548	30,712	1,022	43,282	36,867	1,450	38,317
1990	11,494	33,210	1,434	46,138	41,498	1,524	43,022
							\$486
							57
							290
							481
							746
							1,272
							1,424
							1,219
							1,239
							2,279
							3,968
							4,994
							4,532
							3,743
							5,810
							6,646
							8,799
							10,646
							9,432
							6,392
							6,447
							11,412
							14,527

Historical:

<sup>1</sup>For 1967 through 1976, fiscal years cover the interval from July 1 through June 30; the three-month interval from July 1, 1976 through September 30, 1976 labeled "T.Q." is the transition quarter; fiscal years after 1976 cover the interval from October 1 through September 30.

<sup>2</sup>The payments shown as being from the general fund of the Treasury include certain interest-adjustment items.

<sup>3</sup>Other income includes recoveries of amounts reimbursed from the trust fund which are not obligations of the trust fund and other miscellaneous income.

<sup>4</sup>The financial status of the program depends on both the total net assets and the liabilities of the program.

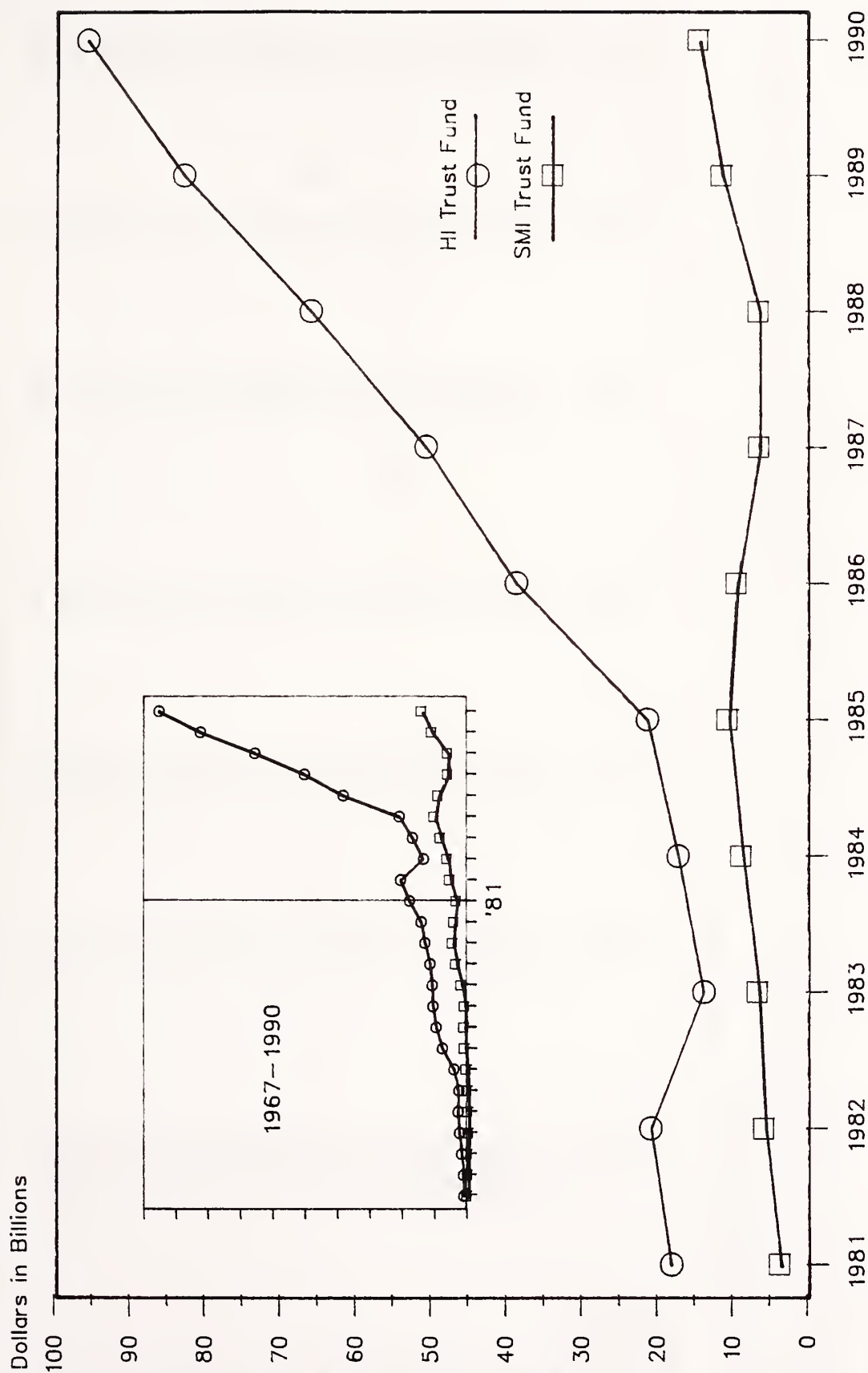
<sup>5</sup>Administrative expenses shown include those paid in fiscal years 1966 and 1967.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/OACT

March 1991

# Medicare HI & SMI Trust Fund Balances Fiscal Years 1981-1990



SOURCE: HCFA/OACT

March 1991



Medicare/SMI Trust Fund Income

Fiscal Year	Total Income (less interest)	Premiums from Participants			Government Contributions <sup>1</sup>		
		Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions							
1967	\$1,270	\$647	\$647	N/A	\$623	\$623	N/A
1970	1,863	936	936	N/A	927	927	N/A
1971	2,498	1,253	1,253	N/A	1,245	1,245	N/A
1972	2,703	1,340	1,340	N/A	1,363	1,363	N/A
1973	2,857	1,427	1,427	N/A	1,431	1,431	N/A
1974	3,733	1,704	1,579	\$125	2,029	1,577	\$452
1975	4,217	1,887	1,736	151	2,330	1,711	619
1976	4,888	1,951	1,783	168	2,936	2,206	731
T.Q.	1,417	539	492	46	878	734	144
1977	7,228	2,193	1,987	206	5,035	4,026	1,009
1978	8,794	2,431	2,186	245	6,363	4,965	1,398
1979	9,463	2,635	2,373	263	6,828	5,459	1,368
1980	9,851	2,928	2,637	291	6,923	5,035	1,322
1981	12,067	3,320	2,988	332	8,747	7,191	1,556
1982	17,154	3,831	3,460	371	13,323	11,208	2,115
1983	18,465	4,227	3,834	393	14,238	11,937	2,301
1984	21,718	4,907	4,463	444	16,811	13,861	2,950
1985	23,422	5,524	5,042	482	17,898	15,071	2,827
1986	23,775	5,699	5,200	500	18,076	15,696	2,381
1987	26,778	6,480	5,897	582	20,299	17,579	2,720
1988	34,174	8,756	7,963	793	25,418	22,830	2,588
1989	42,260	<sup>2</sup> 11,548	9,487	945	30,712	29,009	1,703
1990	44,704	<sup>2</sup> 11,494	10,138	995	33,210	31,107	2,103
Percent change							
1967-1990	3,420	1,677	1,467	NA	5,231	4,893	NA
1974-1990	1,098	575	542	696	1,537	1,873	365
1988-1989	24	32	19	19	21	27	-34
1989-1990	6	0	7	5	8	7	23

<sup>1</sup>Interest on delayed transfers from general funds is included.

<sup>2</sup>Total includes catastrophic premiums.

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." Legislation mandates that from January 1984 through December 1990 the monthly premium for aged enrollees be kept at a constant 25 percent of expected monthly cost, i.e., one half the actuarial rate. NA indicates data are not applicable.

SOURCE: HCFA/OACT

March 1991



Medicare/Ratio of SMI Benefit Payments to Premium Income

Fiscal Year	Benefit Payments			Ratio of Benefit Payments to Premium Income		
	Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions						
1967	\$664	\$664	NA	1.0	1.0	NA
1970	1,979	1,979	NA	2.1	2.1	NA
1971	2,035	2,035	NA	1.6	1.6	NA
1972	2,255	2,255	NA	1.7	1.7	NA
1973	2,391	2,391	NA	1.7	1.7	NA
1974	2,874	2,537	\$337	1.7	1.6	2.7
1975	3,765	3,289	476	2.0	1.9	3.2
1976	4,672	4,037	635	2.4	2.3	3.8
T. Q.	1,269	1,078	191	2.4	2.2	4.2
1977	5,867	5,005	862	2.7	2.5	4.2
1978	6,852	5,785	1,067	2.8	2.6	4.4
1979	8,259	6,929	1,330	3.1	2.9	5.1
1980	10,144	8,485	1,659	3.5	3.2	5.7
1981	12,345	10,362	1,983	3.7	3.5	6.0
1982	14,806	12,404	2,402	3.9	3.6	6.5
1983	17,487	14,783	2,704	4.1	3.9	6.9
1984	19,473	16,803	2,670	4.0	3.8	6.0
1985	21,808	19,080	2,728	3.9	3.8	5.7
1986	25,169	22,070	3,099	4.4	4.2	6.2
1987	29,937	26,353	3,584	4.6	4.5	6.2
1988	33,682	29,797	3,885	3.8	3.7	4.9
1989	36,867	32,748	4,119	3.2	3.5	4.4
1990	41,498	36,838	4,660	3.6	3.6	4.7
Percent change						
1967-1990	6,150	5,448	NA			
1974-1990	1,344	1,352	1,283			
1988-1989	9	10	6			
1989-1990	13	12	13			

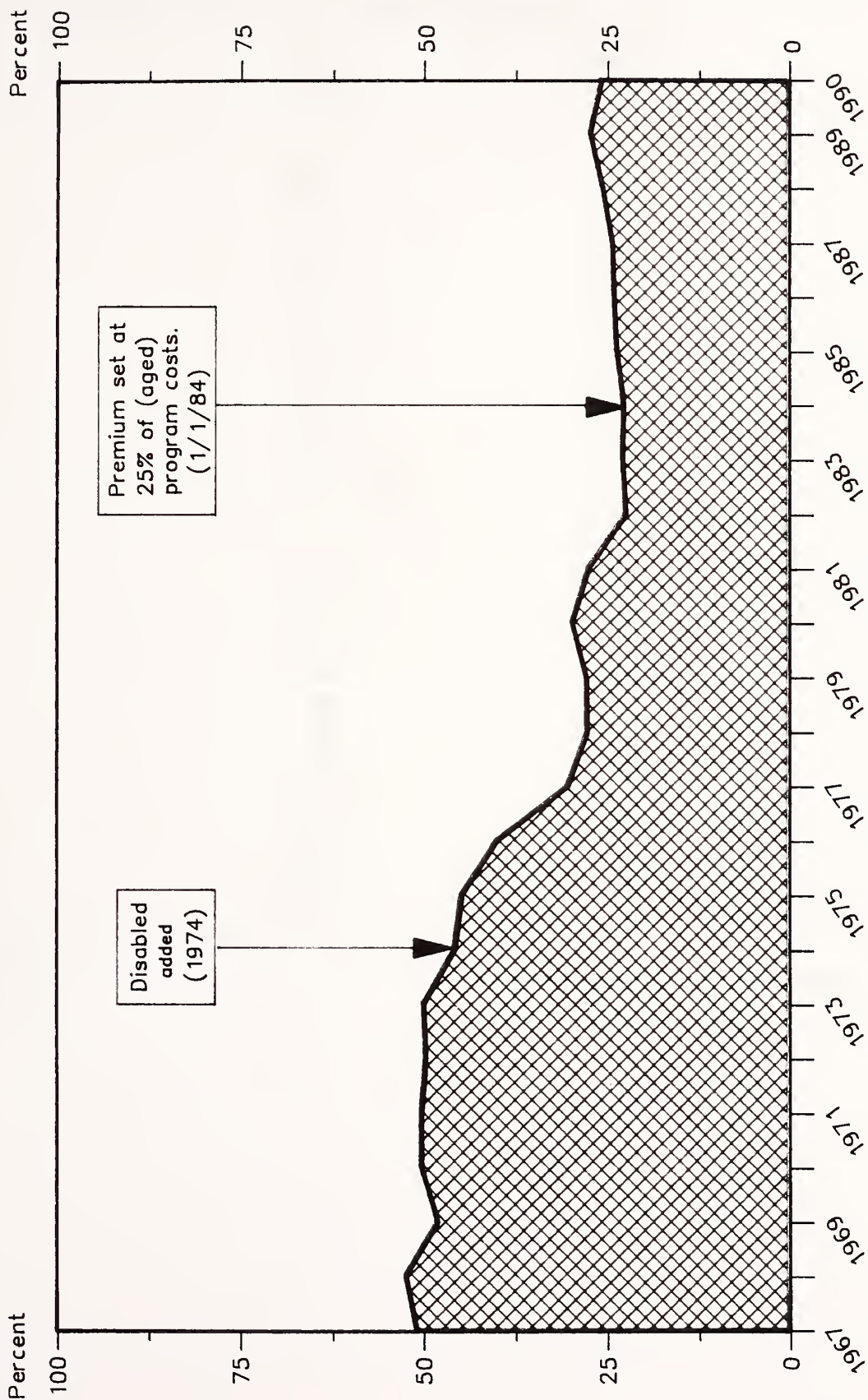
NOTES: For more detail on fund transactions, see "Annual Report of the Board of Trustees of the Supplementary Medical Insurance Trust Fund." NA indicates data are not applicable.

SOURCE: HCFA/OACT

March 1991



# Medicare Premiums as a Percent of Total SMI Trust Fund Income Fiscal Years 1967-1990



SOURCE: HCFA/OACT

March 1991



# Medicare Administrative Expenses/Trends

Fiscal Year	Administrative Expenses	
	Amount in millions	Percent of Benefit Payments
HI Trust Fund		
1967	\$89	3.5
1968	79	2.1
1970	149	3.1
1975	259	2.5
1980	497	2.1
1981	353	1.2
1982	521	1.5
1983	522	1.4
1984	633	1.5
1985	813	1.7
1986	667	1.4
1987	836	1.7
1988	707	1.4
1989	805	1.4
1990	774	1.2
SMI Trust Fund		
1967	<sup>1</sup> 135	20.3
1968	142	10.2
1970	217	11.0
1975	405	10.8
1980	593	5.8
1981	883	7.2
1982	754	5.1
1983	824	4.7
1984	899	4.6
1985	922	4.2
1986	1,049	4.2
1987	900	3.0
1988	1,265	3.8
1989	1,450	3.9
1990	1,524	3.7

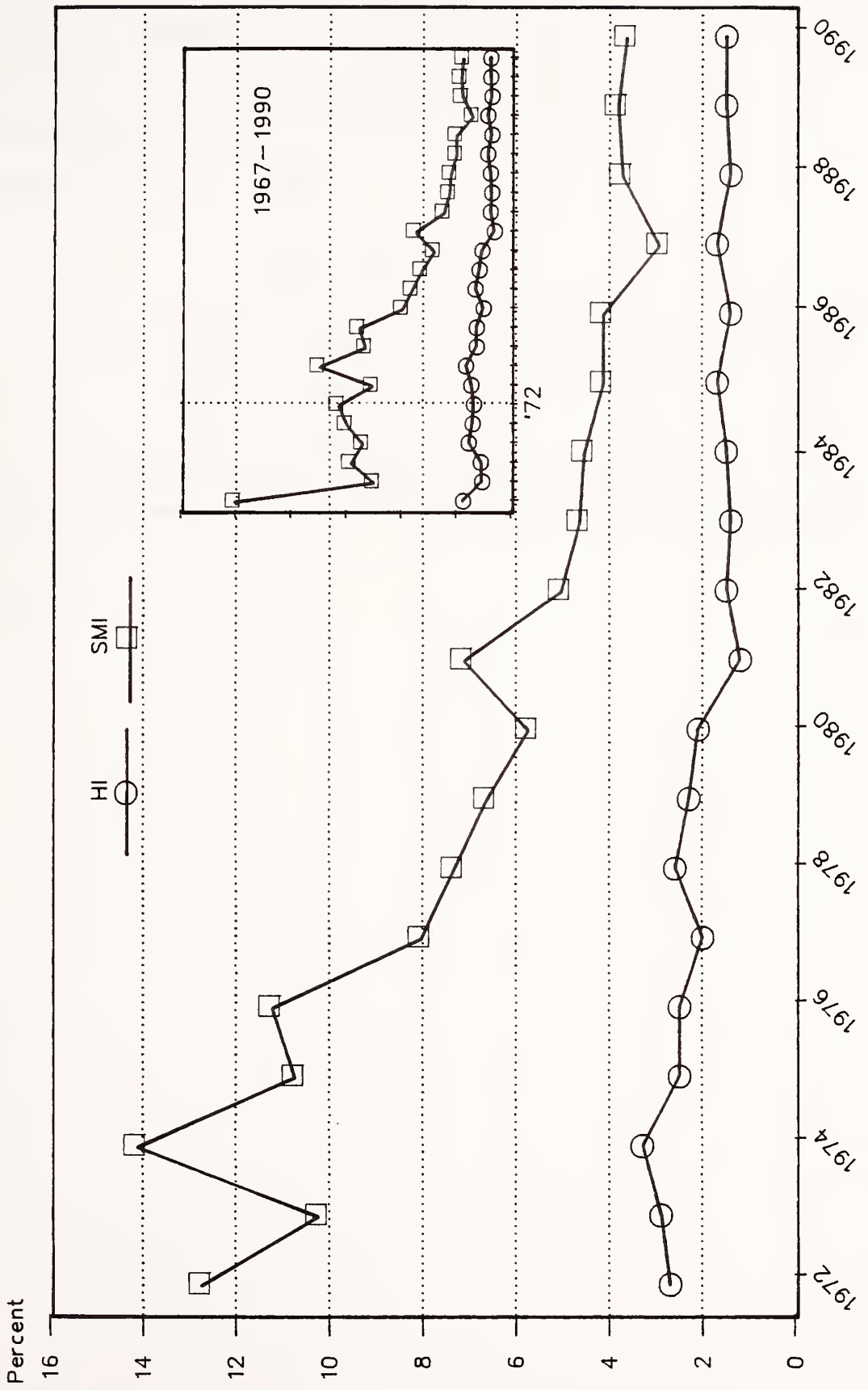
<sup>1</sup>Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: HCFA/OACT

March 1991



# Medicare Administrative Expenses Percent of Benefit Payments Fiscal Years 1972-1990



SOURCE: HCFA/OACT

March 1991



# Medicare/Contractors

	Intermediaries	Carriers
Blue Cross/Blue Shield	41	26
Other	7	8

NOTE: Data as of January 1991.

SOURCE: HCFA/BPO

# Medicare/Claims Processing

	Net Unit Cost per Claim				
	1975	1980	1985	1989	1990
Intermediaries <sup>1</sup>	\$3.84	\$2.96	\$2.33	\$1.93	\$1.84
Carriers <sup>2</sup>	\$2.90	\$2.33	\$1.88	\$1.57	\$1.56

<sup>1</sup>Includes direct costs and overhead costs for Bill Payment, Reconsideration and Hearings lines.

<sup>2</sup>Includes direct costs and overhead costs for the Claims Payment line, Reviews and Hearings line, and Beneficiary/Physician Inquiries line.

NOTE: Fiscal year data.

SOURCE: HCFA/BPO

March 1991

Medicare/Intermediary Processing Times  
Fiscal Year 1990

	Mean Days	Percent of Clean Non-PIP Claims Paid in 24 Days	Percent of All Claims Paid in 60 Days	Percent of All Claims Paid in 90 Days
All Claims	15.7	99.1	99.1	99.7
Inpatient	15.5	99.3	99.0	99.6
Outpatient	15.1	99.3	99.3	99.8
SNF	19.8	97.7	97.6	99.1
HHA	18.6	95.9	98.1	99.4
Hospice	22.5	89.7	95.5	97.6
CORF	20.8	94.5	97.4	99.3
ESRD	17.8	97.5	98.5	99.6
Laboratory	14.7	99.5	99.6	99.8
Other	17.3	98.9	98.7	99.5

SOURCE: HCFA/BPO

March 1991



Medicare/Carrier Processing Times  
Fiscal Year 1990

	Mean Days	Percent of Clean Claims Processed in 17/24 Days <sup>1</sup>	Percent of All Claims Processed in 60 Days	Percent of All Claims Processed in 90 Days
All Claims	15.7	95.9	98.8	99.6
Participating Physician Claims	14.5	94.7	99.1	99.7
All Claims Excluding Participating Physician Claims	16.8	97.1	98.5	99.5
Assigned Non-Participating Physicians	14.8	97.8	99.0	99.7
Durable Medical Equipment	20.2	93.8	96.5	98.9
Laboratory	15.6	98.5	99.0	99.7
Ambulance	15.3	96.9	98.3	99.5
All Other	19.3	95.6	97.7	99.4
Unassigned	17.7	96.4	98.2	99.5

<sup>1</sup>Participating physician, 17 days; all other, 24 days.

SOURCE: HCFA/BPO

March 1991

# Medicare/Reasonable Charge Reductions

Fiscal Year	Claims Approved		Total Covered Charges		
	Number in thousands	Percent Reduced	Amount in millions	Percent Reduced	Amount Reduced per Claim
<u>Assigned (HCFA-1490/1500)</u>					
1980	70,937	80.0	\$6,878	22.5	\$21.81
1981 <sup>1</sup>	78,952	82.7	8,546	23.9	25.84
1982 <sup>1</sup>	88,185	83.1	10,633	24.3	29.32
1983	100,087	82.4	13,134	23.8	31.20
1984	118,221	80.3	15,591	24.7	32.62
1985	168,587	81.7	20,743	27.0	33.19
1986	188,075	82.5	24,108	28.4	36.43
1987	222,277	83.0	29,436	27.9	36.90
1988	264,096	85.5	36,083	29.3	39.97
1989	295,666	86.3	41,852	30.9	43.72
1990	329,061	87.6	48,711	32.6	48.22
<u>Unassigned (HCFA-1490/1500)</u>					
1980	66,207	83.7	\$6,527	22.3	\$21.96
1981 <sup>1</sup>	71,632	85.7	7,607	23.7	25.13
1982 <sup>1</sup>	78,166	85.6	9,117	24.1	28.10
1983	85,966	<sup>2</sup> 83.9	10,610	<sup>2</sup> 23.1	<sup>2</sup> 28.48
1984	90,866	83.1	11,429	23.6	29.69
1985	77,646	84.6	10,051	25.6	33.12
1986	84,853	84.9	10,581	26.6	33.15
1987	85,160	82.5	10,516	25.5	31.44
1988	78,484	85.7	9,351	24.7	29.47
1989	74,621	89.2	8,794	25.2	29.67
1990	75,879	90.3	8,702	25.3	28.97

<sup>1</sup>Excludes data for Texas Blue Shield.

<sup>2</sup>These data are slightly understated due to underreporting by Equitable.

NOTE: Reasonable charge reduction is the total dollar amount reduced as a result of a reasonable charge determination made by a carrier.

SOURCE: HCFA/BPO

March 1991

Medicare/Reasonable Charge Determination Data for All Claims

Fiscal Year	Claims Paid or Applied to Deductible		Number in thousands	Total Covered Charges in thousands	Number in thousands	Claims on Which Reasonable Charge Reductions Were Made		
	Percent of Claims Paid or Applied to Deductible	Amount of Reduction				Avg. Amount per Approved Claims		
		Total in thousands					Percent of Covered Charges	
1973	54,724	\$3,500,542	28,964	52.9	\$411,064	11.7	\$7.51	
1974	62,867	4,139,801	38,236	60.8	545,780	13.2	8.68	
1975	75,694	5,324,636	50,738	67.0	863,847	16.2	11.41	
1976	86,869	6,432,181	61,673	71.0	1,193,495	18.6	13.74	
1977	103,483	8,069,456	72,936	70.5	1,532,910	19.0	14.81	
1978	114,912	9,350,700	81,951	71.3	1,798,419	19.2	15.65	
1979	127,193	11,036,237	94,311	74.1	2,246,576	20.4	17.66	
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3	21.10	
1981 <sup>1</sup>	158,914	16,571,764	127,993	80.5	3,867,340	23.3	24.34	
1982 <sup>2</sup>	175,230	20,280,423	141,833	80.9	4,827,238	23.8	27.55	
1983 <sup>3</sup>	195,212	24,275,276	156,179	80.0	5,638,767	23.2	28.89	
1984	210,948	27,158,840	170,659	80.9	6,567,222	24.2	31.13	
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5	33.16	
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9	35.40	
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2	35.39	
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3	37.56	
1989	370,288	50,646,122	321,851	86.9	15,139,981	29.9	40.89	
1990	404,939	57,413,496	356,775	88.1	18,063,716	31.5	44.61	

<sup>1</sup>Texas Blue Shield is excluded from all data elements for July-September 1981.

<sup>2</sup>Texas Blue Shield is excluded from all data elements for October-December 1981.

<sup>3</sup>These data are slightly understated due to underreporting by Equitable for January-September 1983.

NOTES: Accurate data are not available prior to fiscal year 1973. Also, prior to July 1, 1976, data exclude SSA.

SOURCE: HCFA/BPO

March 1991

Medicare/Appeals  
Fiscal Year 1990

	Intermediary Reconsiderations	Carrier Reviews
Number Processed	27,717	6,954,610
Percent Reversal Rate <sup>1</sup>	52.1	65.8

<sup>1</sup>Excludes withdrawals and dismissals.

SOURCE: HCFA/BPO

March 1991

# Medicaid Administrative Expenses

	1988 <sup>1</sup>	1989 <sup>1</sup>	1990 <sup>2</sup>
Amount in thousands			
Total Payments Computable for Federal Funding	\$2,680,489	\$2,903,928	\$3,536,228
Federal Share of Current Expenditures:			
Family Planning	8,216	9,123	10,297
Design, Development or Installation of MMIS <sup>3</sup>	29,528	31,019	29,695
Skilled Professional Medical Personnel	100,367	106,803	127,144
Operation of an Approved MMIS	377,392	402,192	425,275
Other Financial Participation	852,653	970,435	1,222,046
Mechanized Systems Not Approved Under MMIS	28,638	16,150	20,330
Total Administration	1,396,794	1,535,722	1,834,787
Net Adjusted Federal Share	*1,508,967	1,653,460	NA

<sup>1</sup>Source: Form HCFA-64.10, Expenditures for State and Local Administration for the Medical Assistance Program (current expenditures only).

<sup>2</sup>Source: Form HCFA-25I, Medicaid Program Budget Report, State and Local Administration - State Estimates submitted November 1990.

<sup>3</sup>Medicaid Management Information System.

<sup>4</sup>Includes Federal share of current expenditures from Form HCFA-64.10 plus State reported and HCFA adjustments.

NOTES: Fiscal year data. NA indicates data are not available.

SOURCE: HCFA/MB

March 1991



## V. POPULATIONS

Information about persons covered by Medicare and Medicaid.

For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons using services. Current and trend data showing demographic and eligibility category distributions are included.





## Medicare Enrollment/Coverage

- o Ninety-one percent of the Medicare population is age 65 and over.
- o An estimated 95-98 percent of the total aged population has some type of Medicare coverage.
- o Ninety-four percent of the total Medicare population is covered by both Part A and Part B.
- o Four percent of the total Medicare population has Part A only coverage.
- o Less than 2 percent of the total Medicare population has Part B only coverage.
- o Ninety-six percent of aged persons covered by Medicare Part A are entitled to SSA benefits; less than 3 percent are entitled to Railroad Retirement Board benefits; and less than 2 percent are neither insured by SSA nor RRB.
- o Seventy-nine percent of disabled persons entitled to Medicare are workers; 17 percent are persons disabled in childhood prior to age 22; more than 2 percent are disabled widows or widowers; and less than 2 percent are entitled because of ESRD only.

	Total	Aged	Disabled
	Number in millions		
HI and/or SMI	33.6	30.4	3.2
HI and SMI	31.6	28.7	2.9
HI	33.0	29.9	3.2
SMI	32.1	29.2	2.9

NOTES: Data as of July 1, 1989. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1991

## Medicare Enrollees/Trends

	1975	1980	1985	1989	1990	1991	1992
	Numbers in millions						
HI and/or SMI							
Total	25.0	28.5	31.1	33.6	34.3	35.0	35.5
Aged	22.8	25.5	28.2	30.4	31.0	31.6	32.1
Disabled	2.2	3.0	2.9	3.2	3.3	3.4	3.4
HI							
Total	24.6	28.1	30.6	33.0	33.6	34.2	34.8
Aged	22.5	25.1	27.7	29.9	30.4	30.9	31.4
Disabled	2.2	3.0	2.9	3.2	3.3	3.4	3.4
SMI							
Total	23.9	27.4	30.0	32.1	32.5	33.0	33.3
Aged	21.9	24.7	27.3	29.2	29.6	30.0	30.3
Disabled	2.0	2.7	2.7	2.9	2.9	3.0	3.0
HI and SMI	23.6	27.0	29.5	31.6	31.9	32.4	32.7
HI Only	1.1	1.1	1.1	1.5	1.8	2.0	2.2
SMI Only	0.3	0.4	0.5	0.5	0.6	0.6	0.6

NOTES: Data as of July 1. Data for 1990 through 1992 are estimated.

SOURCE: HCFA/OACT/BDMS

March 1991

# Medicare Enrollment/Demographics

	Total	Male	Female
Number in thousands			
All Persons	33,579	14,186	19,393
Aged Persons	30,409	12,187	18,222
65 - 74	17,434	7,654	9,780
75 - 84	9,787	3,651	6,136
85 and over	3,187	881	2,306
Disabled Persons	3,171	2,000	1,171
Under 45	1,088	705	384
45 - 54	706	449	257
55 - 64	1,377	846	531
White	28,910	12,184	16,725
Non-white	3,655	1,593	2,062
Unknown	1,014	409	606

NOTE: Data as of July 1, 1989.

SOURCE: HCFA/BDMS

March 1991

# Medicare Enrollment/End Stage Renal Disease Demographics

	Number of Enrollees
All Persons	155,231
Age	
Under 25	6,908
25-44	39,648
45-64	56,115
65 and over	52,560
Sex	
Male	84,340
Female	70,891
Race	
White	94,870
Non-white	54,633
Unknown	5,728

NOTE: Data as of July 1, 1989.

SOURCE: HCFA/BDMS

March 1991

# Medicare HI Enrollment/Aging Population

Year	Number in thousands	Percent Distribution by Age					Median Age in Years	
		Total	65-69	70-74	75-79	80-84		85+
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1984	27,112	100.0	31.9	26.4	19.2	12.3	10.2	73.4
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.4
1986	28,257	100.0	31.9	26.2	19.2	12.3	10.3	73.5
1987	28,822	100.0	31.9	26.0	19.2	12.4	10.5	73.5
1988	29,312	100.0	31.8	25.9	19.3	12.5	10.5	73.5
1989	29,869	100.0	31.8	25.6	19.4	12.6	10.6	73.5

NOTE: Data as of July 1.

SOURCE: HCFA/BDMS

## Medicare HI Enrollment/Demographic Trends

Year	All Persons	Percent Distribution of Aged Enrollees by Sex and Race									
		Male					Female				
		Total	White	Non- White	Unknown	Total	White	Non- White	Unknown		
1966	100.0	42.6	38.6	3.4	0.6	57.4	50.8	4.1	2.5		
1970	100.0	41.8	37.4	3.5	0.9	58.2	51.9	4.4	1.9		
1975	100.0	40.8	36.2	3.6	1.0	59.2	52.8	4.7	1.7		
1980	100.0	40.4	35.7	3.7	1.1	59.5	52.9	4.9	1.7		
1984	100.0	40.3	35.5	3.7	1.1	59.7	52.9	5.1	1.8		
1985	100.0	40.3	35.4	3.7	1.2	59.7	52.8	5.1	1.8		
1986	100.0	40.3	35.4	3.7	1.2	59.7	52.7	5.2	1.8		
1987	100.0	40.3	35.4	3.7	1.2	59.7	52.6	5.3	1.8		
1988	100.0	40.3	35.3	3.7	1.2	59.7	52.4	5.4	1.9		
1989	100.0	40.3	35.3	3.8	1.2	59.7	52.3	5.6	1.9		

NOTES: Data as of July 1. Totals do not necessarily equal the sum of rounded components.

SOURCE: HCFA/BDMS

March 1991

# Medicare/State Buy-Ins for SMI

Type of Beneficiary <sup>1</sup>	1986	1987	1988	1989
All Persons				
Number	2,775,933	2,848,743	2,883,619	3,046,017
Percent of SMI Enrolled	9.2	9.2	9.1	9.5
Aged				
Number	2,221,698	2,249,800	2,246,661	2,345,426
Percent of SMI Enrolled	8.0	7.9	7.8	8.0
Disabled				
Number	554,235	598,943	636,958	700,591
Percent of SMI Enrolled	20.7	21.5	22.5	24.3

<sup>1</sup>Recipients for whom the State paid Medicare SMI premium for month of July.

SOURCE: HCFA/BPO

March 1991

### Medicaid Recipients/Trends

	1975	1980	1985	1989	1990	1991	1992
Number in millions							
Total	22.0	21.6	21.8	23.5	25.5	27.3	28.9
Aged	3.6	3.4	3.1	3.1	3.5	3.6	3.7
Blind	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Disabled	2.4	2.8	2.9	3.5	3.8	4.1	4.3
AFDC-Children	9.6	9.3	9.8	10.3	11.2	11.9	12.5
AFDC-Adults	4.5	4.9	5.5	5.7	6.1	6.5	6.8
Other Title XIX	1.8	1.5	1.2	1.2	1.5	1.8	2.0

NOTES: Fiscal year data. Recipient categories do not add to total due to the small number of recipients that are in more than one category during the year.

SOURCE: Data for fiscal years 1975-1989 are historical and reflect actual statistical data from HCFA/BDMS as reported by States. Projections for fiscal years 1990-1992 are based on State estimates from OACT/OMCE.

### Medicaid Recipients/Demographics/Trends

	1986	1987	1988	1989
All Recipients in thousands	22,515	23,109	22,907	23,511
Percent Distribution				
Age	100.0	100.0	100.0	100.0
Under 21	50.2	50.5	47.6	50.5
21 - 64	33.4	33.5	30.4	33.8
65 and over	16.0	16.0	16.0	15.7
Unknown	0.4	0.0	6.0	0.1
Sex	100.0	100.0	100.0	100.0
Male	36.0	36.6	33.8	35.9
Female	64.0	63.4	60.3	64.1
Unknown	0.0	0.0	5.9	0.0
Race	100.0	100.0	100.0	100.0
White	52.8	53.3	45.3	52.3
Black	27.4	26.8	26.5	29.2
American Indian/Alaskan Native	1.0	1.0	1.0	1.0
Asian/Pacific Islander	2.0	2.2	1.8	1.9
Hispanic	16.3	16.1	13.7	15.6
Unknown	0.6	0.5	11.6	0.0

NOTES: Fiscal year data. The significant increase in "unknowns" for fiscal year 1988 is directly related to the increase in States reporting "unknowns" for this year. The percent distribution is based on rounded numbers.

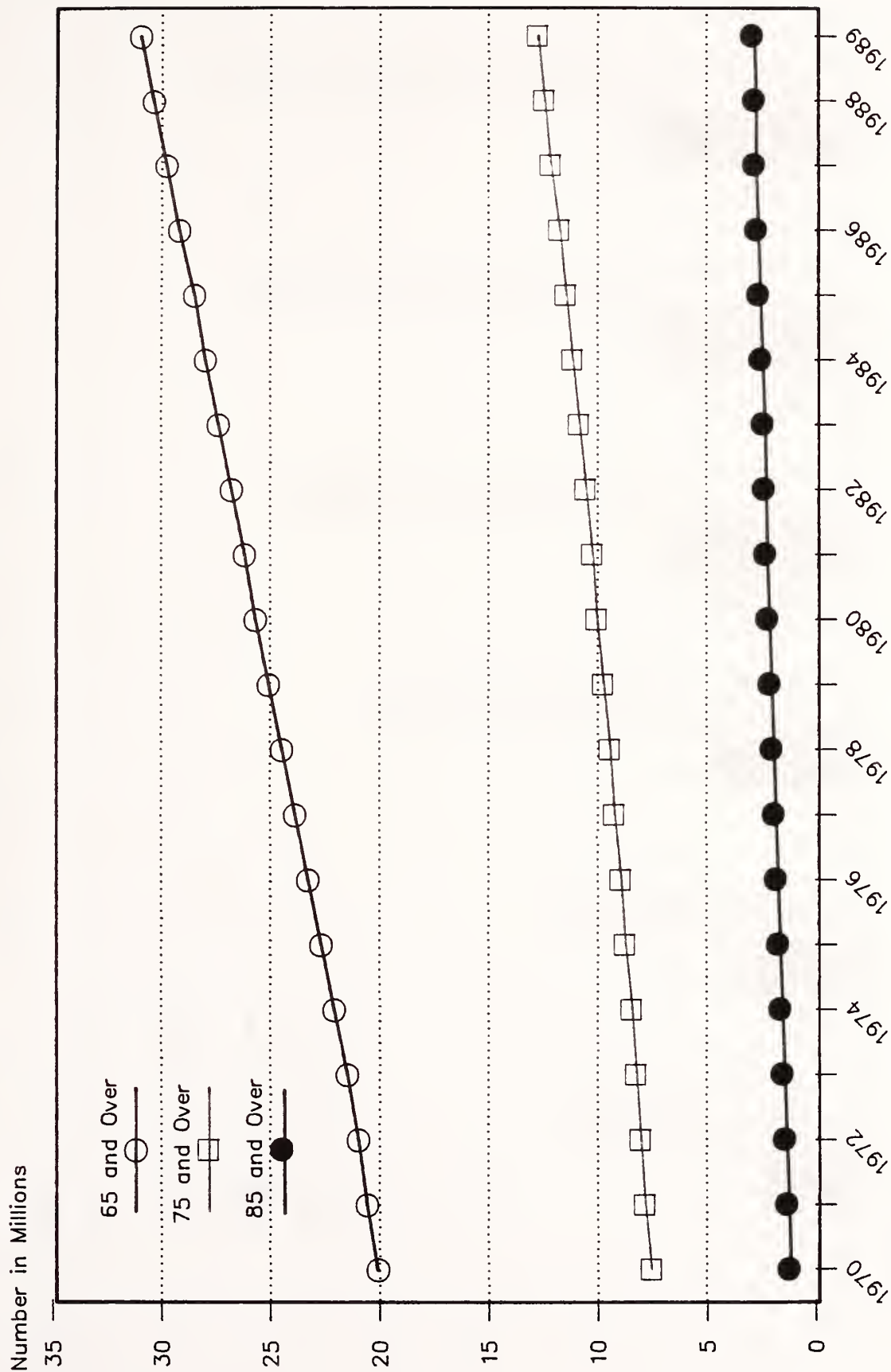
SOURCE: HCFA/BDMS

March 1991





# Aged Population of the United States July 1, 1970-1989

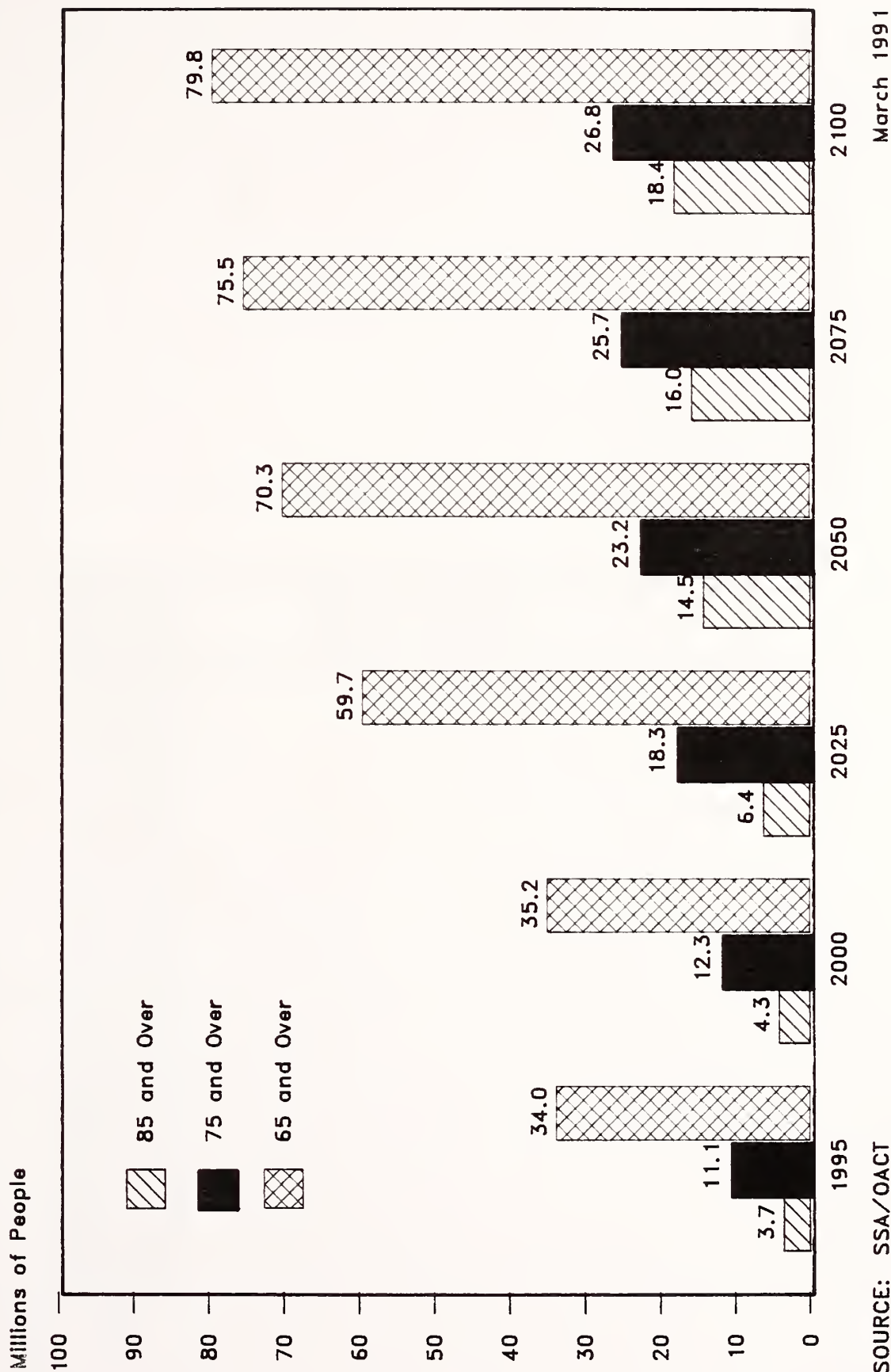


SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1991

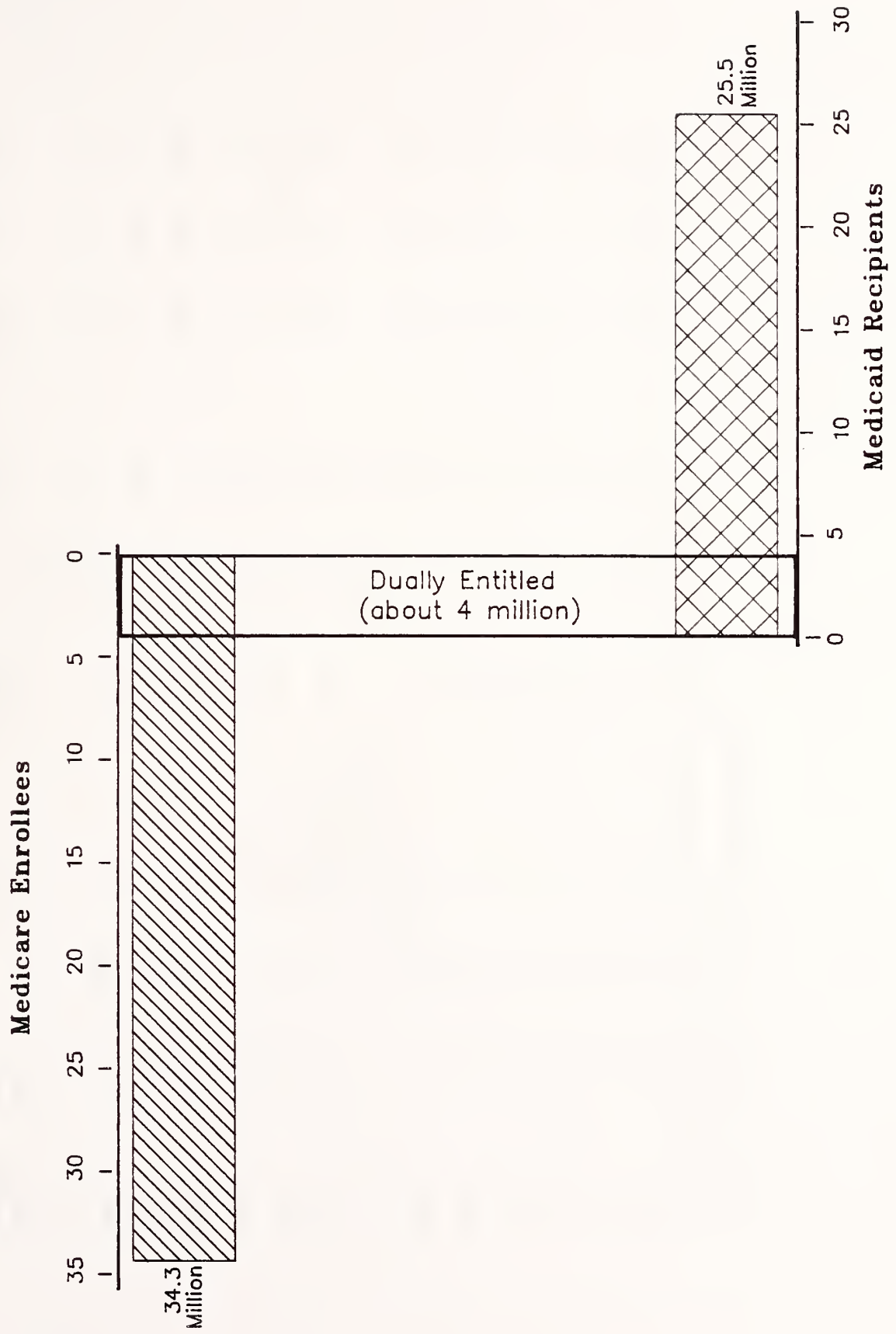


# Projected Growth of the Social Security Aged Population by Selected Calendar Years





# HCFA Programs Covered 56 Million People in 1990





Life Expectancy at Birth and at Age 65 by Race and Sex: United States, Selected Years

Calendar Year	All Races			White			Black		
	Both Sexes	Men	Women	Both Sexes	White		Both Sexes	Black	
					Men	Women		Men	Women
	At Birth								
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.7	58.9	62.7
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.2	78.2	75.3	71.9	78.7	69.5	65.3	73.7
1986	74.8	71.3	78.3	75.4	72.0	78.8	69.4	65.2	73.5
1987	75.0	71.5	78.4	75.6	72.2	78.9	69.4	65.2	73.6
1988	74.9	71.4	78.3	75.5	72.1	78.9	69.5	65.1	73.8
	At Age 65								
1950	13.9	12.8	15.0	--	12.8	15.1	13.9	12.9	14.9
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.8	14.6	18.6	16.8	14.6	18.7	15.5	13.3	17.2
1986	16.8	14.7	18.6	16.9	14.8	18.7	15.4	13.4	17.0
1987	16.9	14.8	18.7	17.0	14.9	18.8	15.4	13.5	17.1
1988	16.9	14.8	18.6	17.0	14.9	18.7	15.5	13.6	17.1

NOTE: 1988 data are provisional and include deaths of nonresidents of the United States.

SOURCE: Public Health Service, Health United States, 1989.

March 1991

# Life Expectancy at Age 65/Trends

Calendar Year	Male	Female
Number in years		
1965	12.92	16.34
1980	14.04	18.36
1983	14.31	18.64
1984	14.41	18.66
1985	14.39	18.62
1986	14.53	18.68
1987	14.86	18.73
1988	14.93	18.81
1989	15.00	18.89
1990	15.07	18.98
1991 (est.)	15.35	19.03

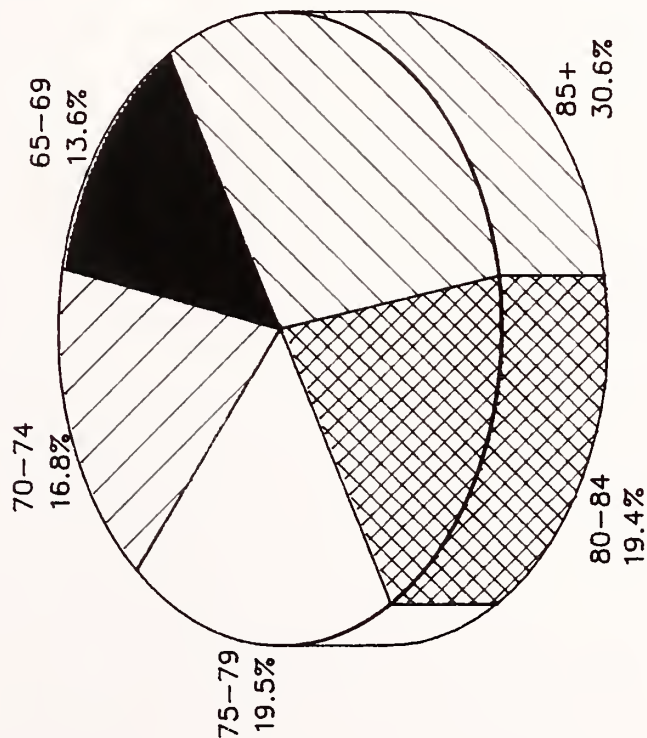
SOURCE: SSA/OACT

March 1991

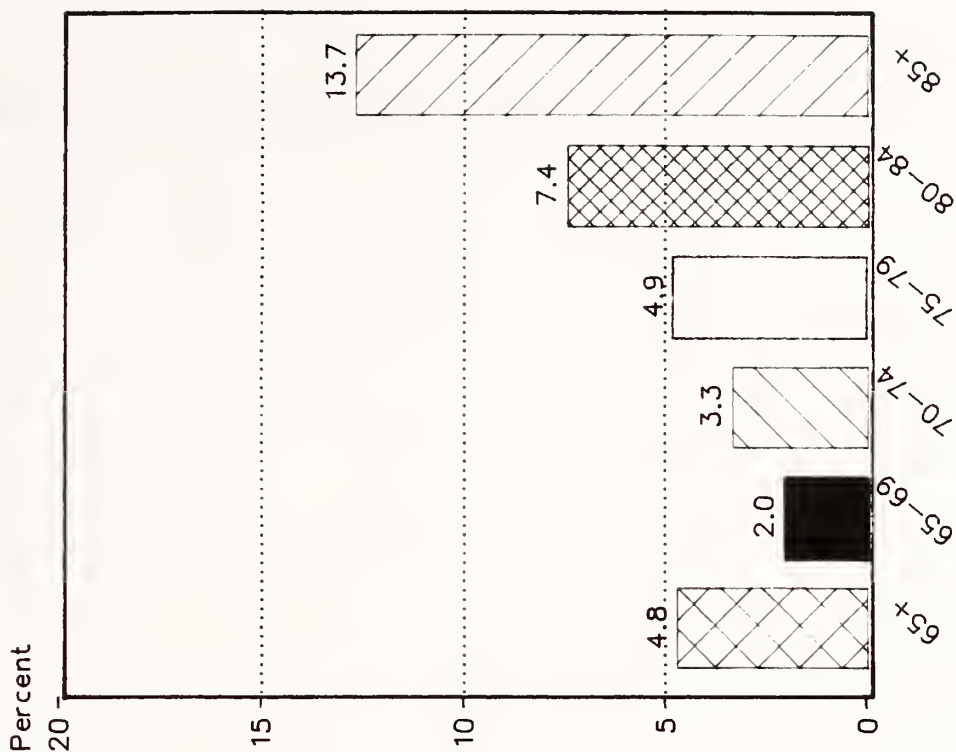


# Deaths of Medicare Aged Enrollees During Calendar Year 1989

Percent by Age Group of Total Deaths



Deaths as a Percent of Ever Enrolled





## VI. INCOME

Information concerning household income and poverty status of the general, Medicare and Medicaid populations.



## Economic Profile of Households, Families and Noninstitutionalized Persons, 1989

- o The mean Medicare outlay for the aged noninstitutionalized enrollee is \$2,822 and \$3,323 for the blind and disabled.
- o The mean Medicaid outlay for the aged noninstitutionalized beneficiary is \$1,739 and \$3,121 for the blind and disabled.
- o In 1989, the median income of all households was \$28,906, an increase of 1.3 percent.
- o Married couple households had the largest median net worth holdings as compared to the single householders for the years 1984 and 1988.
- o The average poverty threshold for a family of four was \$12,675 in 1989, an increase of 4.8 percent over the 1988 average of \$12,091.
- o The number of persons below the official government poverty level was 31.5 million in 1989 with a poverty rate of 12.8 percent.
- o In 1989, the poverty rate of 19.6 percent for all children under 18 years was higher than the poverty rate of 11.4 percent for the aged.

Number and Percent of Persons in the General  
Population Living Below Poverty Level

Calendar Year	Persons in millions	Percent of General Population
1959	39.5	22.4
1966	28.5	14.7
1970	25.4	12.6
1978	24.5	11.4
1979	26.1	11.7
1980	29.3	13.0
1981	31.8	14.0
1982	34.4	15.0
1983	35.3	15.2
1984	33.7	14.4
1985	33.1	14.0
1986	32.4	13.6
1987	32.2	13.4
1988	31.7	13.0
1989	31.5	12.8

NOTES: The official Consumer Price Index (CPI-U) time series is based on the old methodology prior to 1983 and on the revised methodology for the years 1983 to the present. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from data in other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1991

# Number and Percent of Elderly Living Below Poverty Level

Calendar Year	Persons		Poverty Level	
	Number in millions	Percent of Total Elderly	Single Person	Two Persons
Amount in dollars				
1959	5.5	35.2	\$1,397	\$1,761
1966	5.1	28.5	1,565	1,970
1970	4.8	24.6	1,861	2,348
1978	3.2	14.0	3,127	3,944
1979	3.7	15.2	3,479	4,390
1980	3.9	15.7	3,949	4,983
1981	3.9	15.3	4,359	5,498
1982	3.8	14.6	4,626	5,836
1983	3.6	13.8	4,775	6,023
1984	3.3	12.4	4,979	6,282
1985	3.5	12.6	5,156	6,503
1986	3.5	12.4	5,255	6,630
1987	3.6	12.5	5,447	6,872
1988	3.5	12.0	5,674	7,158
1989	3.4	11.4	5,947	7,501

NOTES: Income estimates beginning 1987 are based on revised methodology. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1991

Number and Percent of Persons and Families with Female Heads  
Living Below Poverty Level

Calendar Year	Persons		Families	
	Number in millions	Percent	Number in millions	Percent
1959	7.0	49.4	1.9	42.6
1966	6.9	39.8	1.7	33.1
1970	7.5	38.1	2.0	32.5
1978	9.3	35.6	2.7	31.4
1979	9.4	34.9	2.6	30.4
1980	10.1	36.7	3.0	32.7
1981	11.1	38.7	3.3	34.6
1982	11.7	40.6	3.4	36.3
1983	12.1	40.2	3.6	36.0
1984	11.8	38.4	3.5	34.5
1985	11.6	37.6	3.5	34.0
1986	11.9	38.3	3.6	34.6
1987	12.1	38.1	3.7	34.2
1988	12.0	37.2	3.6	33.4
1989	11.7	35.9	3.5	32.2

NOTES: Beginning in 1987, income estimates used for determining persons and families below the poverty level are based on revised methodology. The poverty status for persons living in a household is determined separately for persons in the family of the primary householder and for unrelated individuals who may reside in the household. Data in this series differ from other poverty level series where the poverty status of all residents in a household, related and unrelated, is defined by the poverty status of the householder.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1991



# Poverty Status of Persons by Age/Trends

Year	Under 18 years											
	All Persons			Related Children in Families			18 to 64 years			65 years and over		
	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent	Total	Number	Percent
1989	64,144	12,590	19.6	63,225	12,001	19.0	152,282	15,575	10.2	29,566	3,369	11.4
1988r	63,747	12,455	19.5	62,906	11,935	19.0	150,761	15,809	10.5	29,022	3,481	12.0
1987r	63,294	12,843	20.3	62,423	12,275	19.7	149,201	15,815	10.6	28,487	3,563	12.5
1986	62,948	12,876	20.5	62,009	12,257	19.8	147,631	16,017	10.8	27,975	3,477	12.4
1985	62,876	13,010	20.7	62,019	12,483	20.1	146,396	16,598	11.3	27,322	3,456	12.6
1984	62,447	13,420	21.5	61,681	12,929	21.0	144,551	16,952	11.7	26,818	3,330	12.4
1983	62,334	13,911	22.3	61,578	13,427	21.8	143,052	17,767	12.4	26,313	3,625	13.8
1982	62,345	13,647	21.9	61,565	13,139	21.3	141,328	17,000	12.0	25,738	3,751	14.6
1981	62,449	12,505	20.0	61,756	12,068	19.5	139,477	15,464	11.1	25,231	3,853	15.3
1980	62,914	11,543	18.3	62,168	11,114	17.9	137,428	13,858	10.1	24,686	3,871	15.7

NOTES: Data are in thousands. Revised data for years 1987 and 1988 are indicated by an "r" following the year. Data for "Persons" are as of March of the following year. The All Persons category includes all races.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1991

Households with Noncash Benefits by Age, 1989

	All Households	Under 65 Years	65 Years and over	Mean Age
Total Households	93,347	73,191	20,156	48.0
Households with One or More Members Receiving Means-Tested Noncash Benefits	15,012	11,604	3,408	47.1
Percent of Households with: Means-Tested Noncash Benefits				
Food Stamps	7.0	7.5	5.2	43.3
Free or Reduced Price School Lunches	6.4	7.8	1.0	38.3
Public or Subsidized Renter of Occupied Housing	4.4	3.7	6.8	50.0
Medicaid	9.8	9.6	10.7	47.5
Total Households in Poverty	11,369	8,598	2,772	47.5
Households with One or More Members Receiving Means-Tested Noncash Benefits	7,023	5,628	1,395	45.3
Percent of Households with: Means-Tested Noncash Benefits				
Food Stamps	40.8	46.0	24.6	42.3
Free or Reduced Price School Lunches	27.0	34.6	3.2	37.4
Public or Subsidized Renter of Occupied Housing	20.3	20.5	19.7	45.7
Medicaid	43.5	46.4	34.6	44.5

NOTES: Data for total households are shown in thousands. Noncash benefits are benefits received in a form other than money which enhances the economic well-being of the recipient.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1991

Mean Medicare Outlays per Enrollee by State and Risk Class, 1989

	Risk Class			Risk Class	
	Age 65 and over	Blind and Disabled		Age 65 and over	Blind and Disabled
United States	\$2,822	\$3,323			
Alabama	2,642	2,888	Missouri	3,107	3,423
Alaska	2,680	2,744	Montana	2,566	2,560
Arizona	2,802	3,475	Nebraska	2,013	2,609
Arkansas	2,481	2,507	Nevada	2,657	3,655
California	3,404	4,312	New Hampshire	2,428	2,744
Colorado	2,739	3,180	New Jersey	2,827	3,866
Connecticut	2,775	3,788	New Mexico	2,329	2,502
Delaware	2,888	3,469	New York	2,748	3,306
District of Columbia	4,068	6,880	North Carolina	1,928	2,469
Florida	2,779	3,232	North Dakota	2,596	2,534
Georgia	2,592	3,289	Ohio	2,916	3,155
Hawaii	2,154	3,670	Oklahoma	2,632	2,935
Idaho	2,071	2,341	Oregon	1,937	2,554
Illinois	3,215	3,904	Pennsylvania	3,427	4,070
Indiana	2,586	3,051	Rhode Island	2,952	3,037
Iowa	2,112	2,523	South Carolina	1,996	2,456
Kansas	2,725	3,293	South Dakota	2,242	2,261
Kentucky	2,420	2,358	Tennessee	2,969	3,333
Louisiana	3,181	3,255	Texas	2,672	3,472
Maine	2,192	2,213	Utah	2,363	3,014
Maryland	3,143	4,175	Vermont	2,311	2,574
Massachusetts	3,402	3,231	Virginia	2,371	3,038
Michigan	3,549	3,836	Washington	2,306	2,770
Minnesota	1,803	3,254	West Virginia	2,474	2,255
Mississippi	2,362	2,360	Wisconsin	2,538	2,749
			Wyoming	2,763	2,980

NOTES: Medicare payments per enrollee for 1989 were estimated by applying factors to actual data for 1988. The factors were based on benefit per enrollee data published in the 1990 Green Book (Committee on Ways and Means, U.S. House of Representatives).

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1991

Mean Medicaid Outlays Per Beneficiary by State and Risk Class, 1989

	Age 65 and over	Blind and disabled	Age 65 and over	Blind and disabled
United States	\$1,739	\$3,121		
Alabama	916	1,528	Missouri	1,404
Alaska	1,790	5,455	Montana	1,991
Arizona	1,739	3,121	Nebraska	1,444
Arkansas	1,197	1,866	Nevada	1,194
California	1,056	2,790	New Hampshire	2,389
Colorado	947	4,035	New Jersey	2,484
Connecticut	2,641	5,489	New Mexico	1,018
Delaware	1,970	3,619	New York	4,950
District of Columbia	1,879	2,697	North Carolina	1,619
Florida	2,411	2,687	North Dakota	2,223
Georgia	1,464	2,767	Ohio	1,286
Hawaii	949	1,689	Oklahoma	1,558
Idaho	1,722	4,160	Oregon	2,918
Illinois	1,508	3,217	Pennsylvania	1,028
Indiana	1,766	4,493	Rhode Island	2,615
Iowa	1,438	2,932	South Carolina	1,064
Kansas	955	2,712	South Dakota	1,102
Kentucky	1,187	2,807	Tennessee	821
Louisiana	1,041	2,375	Texas	1,552
Maine	1,501	4,015	Utah	1,388
Maryland	2,032	4,855	Vermont	1,503
Massachusetts	2,210	4,931	Virginia	1,657
Michigan	936	3,067	Washington	1,253
Minnesota	1,748	5,986	West Virginia	1,008
Mississippi	857	1,422	Wisconsin	1,407
			Wyoming	846
				3,855

NOTES: Medicaid data come from HCFA unpublished records as stated in Current Population Reports, Series P-60, No. 169-RD, 1989. These data exclude institutionalized persons.

SOURCES: HCFA and U.S. Department of Commerce, Bureau of the Census

March 1991

Comparison of Income Summary Measures Between 1989 and 1988, by Selected Characteristics

	1989		1988 Median Income	Percent Change in Real Income
	Number in thousands	Median Income		
<b>Households</b>				
All Households	93,347	\$28,906	\$28,537	*1.3
<b>Region:</b>				
Northeast	19,127	32,643	31,891	*2.4
Midwest	22,760	28,750	28,867	-0.4
South	32,262	25,870	25,793	0.3
West	19,197	31,086	30,225	*2.8
<b>Residence:</b>				
Inside Metropolitan Areas	72,331	31,124	30,760	*1.2
1 million or more	45,970	33,163	32,640	*1.6
Inside Central Cities	18,326	26,049	25,686	1.4
Outside Central Cities	27,644	38,510	37,758	*2.0
Under 1 million	26,362	27,827	27,738	0.3
Inside Central Cities	11,413	25,000	24,571	1.7
Outside Central Cities	14,949	30,442	30,312	0.4
Outside Metropolitan Areas	21,016	22,417	22,415	--
<b>Families</b>				
All Families	66,090	34,213	33,742	*1.4
<b>Race and Hispanic Origin of Householder:</b>				
White	56,590	35,975	35,549	*1.2
Black	7,470	20,209	20,260	-0.3
Hispanic¹	4,840	23,446	22,818	2.8
<b>Type of Family:</b>				
<b>All Races:</b>				
Married-Couple Families	52,317	38,547	38,142	*1.1
Female Householder, No Husband Present	10,890	16,442	16,085	2.2
<b>White:</b>				
Married-Couple Families	46,981	39,208	38,615	*1.5
Female Householder, No Husband Present	7,306	18,946	18,523	2.3
<b>Black:</b>				
Married-Couple Families	3,750	30,650	31,849	-3.8
Female Householder, No Husband Present	3,275	11,630	11,170	4.1
<b>Hispanic origin¹:</b>				
Married-Couple Families	3,395	27,382	26,904	1.8
Female Householder, No Husband Present	1,116	11,745	11,202	4.8
<b>Age of Householder:</b>				
15 to 24 years	2,853	17,064	17,612	-3.1
25 to 34 years	14,854	30,873	30,954	-0.3
35 to 44 years	16,694	40,202	40,711	-1.3
45 to 54 years	11,712	46,101	44,225	*4.2
55 to 64 years	9,251	37,643	36,868	2.1
65 years and over	10,726	23,083	22,751	1.5
<b>Earnings of Year-Round, Full Time Workers</b>				
Male	48,825	27,430	27,940	*-1.8
Female	31,290	18,778	18,454	*1.8
<b>Per Capiita Income</b>				
All Races	NA	14,056	13,755	*2.2
White	NA	14,896	14,566	*2.3
Black	NA	8,747	8,670	0.9
Hispanic Origin¹	NA	8,390	8,339	0.6

<sup>1</sup>Persons of Hispanic origin may be of any race.

NOTES: Data for households, families, and persons are as of March 1990. An asterisk indicates a statistically significant change at the 90-percent confidence level. A dash represents zero or data rounds to zero. NA means not applicable. 1988 median income is in 1989 dollars.

SOURCE: U.S. Department of Commerce, Bureau of the Census

March 1991



Median Net Worth and Median Income of Aged Households, 1988

Monthly Household Income	65 years and over			
	Total	65 to 69 years	70 to 74 years	75 years and over
All Households (in thousands)	19,556	6,331	5,184	8,041
Median Income	\$1,211	\$1,497	\$1,330	\$977
Median Net Worth	73,471	83,478	82,111	61,491

SOURCE: U.S. Bureau of the Census: Current Population Reports. Series P-70, No. 22, December 1990.

Median Net Worth of Aged by Type of Household, 1988 and 1984

Type of Household	1988				1984			
	Number of Households in (thous.)	Median Monthly Household Income	Median Net Worth		Number of Households in (thous.)	Median Monthly Household Income	Median Net Worth	
			Total	Excluding Equity in Own Home			Total	Excluding Equity in Own Home
Married-couple 65 years and over	8,736	1,733	124,419	45,890	7,865	1,680	98,128	39,270
Male Householders 65 years and over	2,346	1,023	48,883	15,914	2,231	1,018	47,504	14,448
Female Householders 65 years and over	8,471	780	47,233	10,693	8,055	784	48,386	11,622

NOTE: 1984 median net worth is in 1988 dollars.

SOURCE: U.S. Bureau of the Census: Current Population Reports. Series P-70, No. 22, December 1990.

March 1991

Number of Aged Households and Median Net Worth, by Race and Hispanic Origin of Householder, 1988 and 1984

	Total		White		Black		Hispanic Origin <sup>1</sup>	
Median Net Worth of Aged	1988	1984	1988	1984	1988	1984	1988	1984
Number of Households (in thousands)								
65 years and over	19,556	18,151	17,610	16,379	1,731	1,596	541	441
Median Net Worth <sup>2</sup>								
65 years and over	73,471	68,600	81,648	74,773	22,210	15,972	40,371	21,837

<sup>1</sup>Persons of Hispanic origin may be of any race.

<sup>2</sup>1984 median net worth is in 1988 dollars.

NOTE: Data exclude group quarters.

SOURCE: U.S. Bureau of the Census: Current Population Reports. Series P-70, No. 22, December 1990.

March 1991

Distribution of Aged Household Net Worth, 1988

Net Worth	Age			
	65 and over	65-69	70-74	75 and over
Number of Households (in thousands)	19,556	6,331	5,184	8,041
Percent Distribution				
Total	100.0	100.0	100.0	100.0
Negative or \$0	5.2	5.1	4.2	6.0
\$1 - \$4,999	8.9	7.6	8.0	10.6
\$5,000-\$9,999	3.1	2.8	2.5	3.6
\$10,000 - \$24,000	8.1	7.5	7.3	9.0
\$25,000-\$49,999	13.2	12.3	12.1	14.6
\$50,000-\$99,999	20.9	19.9	22.4	20.8
\$100,000-\$249,000	26.1	27.6	27.3	24.2
\$250,000-\$499,999	10.0	12.2	10.6	8.0
\$500,000 or over	4.4	5.0	5.6	3.1

NOTES: The net worth concept is defined here as wealth minus unsecured debt. Wealth consists of equity (market value minus secured debt) in owner-occupied homes, motor vehicles, business or professional practice, farm or rental properties, vacation homes, other real estate, and financial assets. Social Security wealth, pension wealth and household durable goods are not included in the wealth estimates. Data exclude persons in group quarters.

SOURCE: U.S. Bureau of the Census: Current Population Reports. Series P-70, No. 22, December 1990.

Distribution of Aged Household Net Worth by Type of Household, 1988

Net Worth	Type of Household		
	Married-Couple	Male Householder	Female Householder
Number of Households (in thousands)	8,736	2,349	8,471
Percent Distribution			
Total	100.0	100.0	100.0
Negative or \$0	1.3	7.3	8.8
\$1-\$4,999	3.2	14.1	13.5
\$5,000-\$9,999	1.9	4.4	3.9
\$10,000-\$24,999	5.8	9.9	9.9
\$25,000-\$49,999	10.2	14.9	15.8
\$50,000-\$99,999	22.3	15.5	21.0
\$100,000-\$249,999	33.0	22.3	20.1
\$250,000-\$499,999	14.5	9.1	5.7
\$500,000 or over	7.9	2.5	1.3

NOTES: Aged refers to persons 65 years and over. The net worth concept is defined here as wealth minus unsecured debt. Wealth consists of equity (market value minus secured debt) in owner-occupied homes, motor vehicles, business or professional practice, farm or rental properties, vacation homes, other real estate, and financial assets. Social Security wealth, pension wealth and household durable goods are not included in the wealth estimates. Data exclude persons in group quarters.

SOURCE: U.S. Bureau of the Census: Current Population Reports. Series P-70, No. 22, December 1990.



## VII. UTILIZATION

Information about the use of health care services.

Current and trend data measuring health care use including: (1) persons served; (2) units of service, e.g., admissions, discharges, days of care, etc.; and (3) dimensions of the services rendered, e.g., average length of stay, charges per day, etc. Utilization data are distributed for program coverage categories and type of service.



# Medicare/Short-Stay Hospital Utilization

	1983	1984	1985	1988 <sup>1</sup>	1989 <sup>1</sup>
Discharges <sup>2</sup>					
Total in millions <sup>3</sup>	11.7	11.5	10.9	10.8	10.9
Rate per 1,000 Enrollees	397	386	359	336	333
Days of Care					
Total in millions	117	105	95	97	98
Rate per 1,000 Enrollees	3,978	3,544	3,125	3,010	2,992
Average Length of Stay per Discharge	10.0	9.2	8.7	9.0	9.0
Total Charges per Day	\$487	\$562	\$594	\$830	\$954

<sup>1</sup>Estimated.

<sup>2</sup>Includes admissions and transfers to excluded units within PPS hospitals.

<sup>3</sup>The population base excludes HI enrollees residing in foreign countries.

NOTES: Fiscal year data. Data in this table are inflated for fiscal years 1984-89 to account for discharges where no discharge bill has been received in central office. Underreporting is due to a variety of reasons including: operational difficulties experienced by intermediaries dealing with the implementation of PPS and the UNIBILL conversion; no-pay, at-risk HMO utilization; and Medicare secondary payer bills. This table attempts to account for HMO and MSP utilization as well as traditional fee-for-service.

SOURCE: HCFA/BDMS

March 1991

Medicare/Short-Stay Hospital Utilization Trends

Calendar Year	All Beneficiaries			
	Covered Days of Care in millions	Covered Days of Care per 1,000 Enrollees	Mean Covered Charge per Covered Day	Mean Interim Reimbursement per Covered Day
1970	76.6	3,764	\$76	\$60
1971	75.9	3,661	88	68
1972	76.6	3,629	96	74
1973	82.5	3,539	105	81
1974	87.9	3,674	121	92
1975	90.0	3,653	147	111
1976	94.2	3,722	173	129
1977	96.4	3,694	199	147
1978	99.3	3,708	227	164
1979	102.3	3,727	257	184
1980	108.3	3,860	298	208
1981	110.5	3,865	353	243
1982	112.6	3,873	421	282
1983	111.1	3,756	491	315

SOURCE: HCFA/BDMS

Medicare/Short-Stay Hospital Length of Stay Trends

Calendar Year	Average Length of Stay in Days	
	Aged	Disabled
1976	11.1	10.5
1977	11.0	10.3
1978	10.8	10.1
1979	10.7	10.0
1980	10.7	10.0
1981	10.5	9.9
1982	10.2	9.7
1983	9.6	9.2

NOTE: See PPS Activity section for current data.

SOURCE: HCFA/BDMS

March 1991

Medicare/Inpatient Hospital Days per Person by Days of Care  
Calendar Year 1988

Total Days of Care	Persons Using That Number of Days in thousands	Percent Distribution	Cumulative Percent Distribution	Total Days Used in thousands	Covered Days Used in thousands	Covered Days as a Percent of Total Days
Total	6,533	100.0	100.0	91,238	87,526	95.9
1 Day (s)	317	4.9	4.9	317	306	96.5
2	427	6.5	11.4	854	832	97.4
3	485	7.4	18.8	1,455	1,422	97.7
4	500	7.7	26.5	2,000	1,957	97.9
5	451	6.9	33.4	2,257	2,211	98.0
6	396	6.1	39.5	2,373	2,326	98.0
7	371	5.7	45.2	2,596	2,545	98.0
8	334	5.1	50.3	2,675	2,623	98.1
9	294	4.5	54.8	2,647	2,596	98.1
10	264	4.0	58.8	2,643	2,590	98.0
11	230	3.5	62.3	2,533	2,485	98.1
12	202	3.1	65.4	2,423	2,380	98.2
13	177	2.7	68.1	2,300	2,257	98.1
14	163	2.5	70.6	2,284	2,239	98.0
15	146	2.2	72.8	2,185	2,143	98.1
16	127	1.9	74.7	2,036	1,993	97.9
17	114	1.7	76.4	1,940	1,905	98.2
18	105	1.6	78.0	1,892	1,854	98.0
19	94	1.4	79.4	1,783	1,744	97.8
20	86	1.3	80.7	1,723	1,689	98.0
21-30	568	8.7	89.4	14,117	13,809	97.8
31-40	279	4.3	93.7	9,766	9,536	97.6
41-50	152	2.3	96.0	6,835	6,645	97.2
51-60	89	1.4	97.4	4,896	4,744	96.9
61-70	53	0.8	98.2	3,469	3,340	96.3
71-80	33	0.5	98.7	2,516	2,397	95.3
81-90	22	0.3	99.0	1,891	1,798	95.1
91-100	14	0.2	99.2	1,353	1,241	91.7
101-125	19	0.3	99.5	2,109	1,862	88.3
126-150	9	0.1	99.6	1,163	970	83.4
151-175	4	0.1	99.7	616	456	74.0
176-200	2	0.0	99.7	371	229	61.7
201-225	1	0.0	99.7	231	130	56.3
226-250	1	0.0	99.7	158	73	46.2
251-275	(1)	0.0	99.7	119	48	40.3
276-300	(1)	0.0	99.7	121	43	35.5
301-325	(1)	0.0	99.7	86	23	26.7
326-350	(1)	0.0	99.7	79	18	22.8
351+	1	0.0	100.0	425	63	14.8

<sup>1</sup>Less than 500.

NOTES: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period. Calendar year data are derived from 1988 MEDPAR person file. This file includes stays recorded in HCFA central office through December 1989.

SOURCE: HCFA/ORD/BDMS

March 1991

Medicare/Short-Stay Hospital Discharges by Length of Stay  
Calendar Year 1988

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number in thousands	Percent Distribution	Cumulative Percent Distribution	Number in thousands	Percent Distribution	Cumulative Percent Distribution
Total	10,257	100.0	100.0	91,238	100.0	100.0
1 Day (s)	703	6.9	6.9	703	0.8	0.8
2	910	8.9	15.8	1,820	2.0	2.8
3	975	9.9	25.7	3,040	3.3	6.1
4	1,013	10.1	35.8	4,234	4.6	10.7
5	1,033	9.0	44.8	4,595	5.0	15.7
6	919	7.7	52.5	4,716	5.2	20.9
7	786	7.1	59.6	5,066	5.6	26.5
8	724	6.1	65.7	4,992	5.5	32.0
9	517	5.0	70.7	4,650	5.1	37.1
10	437	4.3	75.0	4,371	4.8	41.9
11	360	3.5	78.5	3,958	4.3	46.2
12	293	2.9	81.4	3,513	3.9	50.1
13	243	2.4	83.8	3,155	3.5	53.6
14	217	2.1	85.9	3,039	3.3	56.9
15	182	1.8	87.7	2,731	3.0	59.9
16	147	1.4	89.1	2,348	2.6	62.5
17	122	1.2	90.3	2,080	2.3	64.8
18	105	1.0	91.3	1,884	2.1	66.9
19	88	0.9	92.2	1,673	1.8	68.7
20	78	0.8	93.0	1,551	1.7	70.4
21	74	0.7	93.7	1,548	1.7	72.1
22	63	0.6	94.3	1,391	1.5	73.6
23	53	0.5	94.8	1,221	1.3	74.9
24	47	0.5	95.3	1,119	1.2	76.1
25	42	0.4	95.7	1,051	1.2	77.3
26	36	0.4	96.1	943	1.0	78.3
27	33	0.3	96.4	892	1.0	79.3
28	34	0.3	96.7	961	1.1	80.4
29	30	0.3	97.0	856	0.9	81.3
30	26	0.3	97.3	778	0.9	82.2
31-40	154	1.5	98.8	5,351	5.9	88.1
41-50	70	0.7	99.5	3,146	3.4	91.5
51-60	35	0.3	99.8	1,946	2.1	93.6
61-90	38	0.4	99.9	2,735	3.0	96.6
91+	22	0.2	100.0	3,283	3.6	100.0

NOTES: These data reflect individual stays. A beneficiary may use more than one stay in a benefit period. Calendar year data are derived from 1988 MEDPAR person file. This file includes stays recorded in HCFA central office through December 1989.

SOURCE: HCFA/ORD/BDMS

March 1991

Medicare BMAD Leading Procedure Codes Based on Allowed Charges  
Calendar Year 1989

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges <sup>1</sup>
All procedure codes <sup>2</sup>			
Leading procedure codes		\$35,134,434,316	100.0
		24,124,787,794	68.7
66984	Extracapsular cataract removal with insertion of IOL	1,746,036,712	5.0
90060	Office medical service, established patient; intermediate service	1,310,720,829	3.7
90050	Office medical service, established patient; limited services	1,032,182,537	2.9
90260	Subsequent hospital care, each day; intermediate services	1,013,178,849	2.9
90250	Subsequent hospital care, each day; limited services	662,652,346	1.9
90620	Initial consultation; comprehensive	545,578,242	1.6
90220	Initial hospital care; comprehensive	472,935,003	1.3
71020	Radiologic examination, chest, two views, frontal and lateral	361,091,535	1.0
93000	Electrocardiogram	360,187,026	1.0
90070	Office medical service, established patient; extended services	356,794,181	1.0
90270	Subsequent hospital care, each day; extended services	316,864,032	0.9
66821	Dissection of secondary membranous cataract ("after cataract")	278,280,949	0.8
A0010	Transportation service including ambulance	275,524,601	0.8
52601	Transurethral resection of prostate	255,222,561	0.7
93010	Electrocardiogram; interpretation and report only	244,371,728	0.7
90080	Office medical service, established patient; comprehensive	233,155,751	0.7
90040	Office medical service, established patient; brief	223,500,652	0.6
92014	Ophthalmological services, established patient; comprehensive	218,131,111	0.6
45378	Colonoscopy, fiberoptic; beyond splenic flexure; diagnostic	210,272,620	0.6
90020	Office medical service, new patient; comprehensive	207,520,797	0.6
27447	Arthroplasty, knee, condyle and plateau	199,488,652	0.6
93307	Echocardiography, real-time with image documentation (2D); complete	197,005,889	0.6
71010	Radiologic examination, chest; single view, frontal	195,834,596	0.6
33512	Coronary artery bypass, autogenous graft, (three coronary grafts)	192,019,007	0.5
93547	Combined left heart catheterization, selective coronary angiography	186,534,555	0.5
90630	Initial consultation; complex	180,728,686	0.5
45385	Colonoscopy, fiberoptic; beyond splenic flexure for removal of polypoid lesion(s)	176,052,750	0.5
33513	Coronary artery bypass, autogenous graft, (four coronary grafts)	171,392,638	0.5
80019	Automated multichannel test	169,597,875	0.5
92012	Ophthalmological services, established patient; intermediate service	167,777,141	0.5



Medicare BMAD Leading Procedure Codes Based on Allowed Charges  
Calendar Year 1989

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges
43235	Upper gastrointestinal endoscopy	166,833,595	0.5
27130	Arthroplasty (total hip replacement)	161,056,667	0.5
A2000	Chiropractic	155,357,657	0.4
99173	Critical care, subsequent follow-up visit; intermediate service	152,125,286	0.4
90240	Subsequent hospital care, each day; brief services	149,510,314	0.4
E1396	Oxygen concentrator, equivalent to over 1952 cubic feet	148,291,758	0.4
77430	Weekly radiology therapy management; complex	141,781,061	0.4
90292	Hospital discharge services	133,455,970	0.4
A0220	Ambulance service, advanced life support (als) base rate	132,289,328	0.4
76091	Mammography; bilateral	130,850,144	0.4
93549	Combined right and left heart catheterization	128,697,653	0.4
90844	Individual medical psychotherapy by a physician (45-50 minutes)	127,619,904	0.4
27244	Repair of femur fracture; open treatment of closed or open intertrochanteric	126,609,905	0.4
88305	Surgical pathology, gross and microscopic examination; w/o complex dissection	123,141,175	0.4
43239	Upper gastrointestinal endoscopy for biopsy	122,464,969	0.3
88304	Surgical pathology, gross and microscopic examination	122,359,953	0.3
90215	Initial hospital care; intermediate service	120,724,654	0.3
B4035	Enteral feeding supply kit; pump fed (per day)	120,664,420	0.3
E1400	Oxygen concentrator, manufacturer specified maximum flow rate does not exceed 2 liters per minute	115,504,164	0.3
92982	Percutaneous transluminal coronary angioplasty	114,529,399	0.3
90280	Subsequent hospital care, each day; comprehensive services	114,450,607	0.3
B4150	Enteral formulae; category I	114,433,509	0.3
90517	Emergency department service, new patient; extended service	113,379,364	0.3
93870	Non-invasive studies of carotid arteries, imaging	112,965,895	0.3
67228	Destruction of extensive or progressive retinopathy; photocoagulation	105,260,539	0.3
99160	Critical care, initial	103,683,449	0.3
90015	Office medical service, new patient; intermediate service	101,620,030	0.3
90515	Emergency department service, new patient; intermediate service	98,993,626	0.3
70450	CAT scan head or brain; w/o contrast material	96,582,654	0.3
65855	Trabeculectomy by laser surgery, one or more sessions	94,864,040	0.3
93015	Cardiovascular stress test	93,905,208	0.3
70551	Magnetic resonance (eg, proton) imaging; w/o contrast material	92,722,229	0.3
44140	Colecotomy, partial; with anastomosis	92,430,548	0.3
M0945	Outpatient dialysis related physicians' services	92,126,597	0.3
36415	Routine venipuncture for collection of specimen(s)	91,552,623	0.3



Medicare BMAD Leading Procedure Codes Based on Allowed Charges  
Calendar Year 1989

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges <sup>1</sup>
99174	Critical care, subsequent follow-up visit; extended service	91,518,840	0.3
90610	Initial consultation; extended service	90,520,639	0.3
70470	CAT scan, head or brain; followed by contrast material(s)	89,450,171	0.3
90520	Emergency department service, new patient; comprehensive service	88,517,923	0.3
45380	Colonoscopy, fiberoptic, beyond splenic flexure; for biopsy	86,421,644	0.2
35301	Thromboendarterectomy	86,338,955	0.2
E0620	Seat lift chair	85,785,414	0.2
27236	Open treatment of closed or open femoral fracture	84,865,269	0.2
74160	CAT scan, abdomen; with contrast material(s)	84,525,115	0.2
85025	Blood count	84,455,192	0.2
33511	Coronary artery bypass, autogenous graft (two coronary grafts)	82,344,668	0.2
45330	Sigmoidoscopy, flexible fiberoptic	82,155,384	0.2
52000	Cystourethroscopy	80,639,795	0.2
81000	Urinalysis with microscopy	78,599,335	0.2
92004	Ophthalmological services, new patient; comprehensive	78,472,014	0.2
76700	Echography, abdominal; complete	77,822,315	0.2
47605	Cholecystectomy; with cholangiography	74,673,009	0.2
93320	Doppler echocardiography, pulsed wave and/or continuous wave; complete	73,022,122	0.2
V2632	Posterior chamber intraocular lens	72,404,529	0.2
E1401	Oxygen concentrator, manufacturer specified maximum flow rate greater than 2 liters per minute	70,684,406	0.2
93503	Insertion and placement of flow directed catheter for monitoring purposes	70,337,828	0.2
33514	Coronary artery bypass, autogenous graft, (five coronary grafts)	68,753,048	0.2
83720	Lipoprotein cholesterol fractionation calculation by formula	68,493,161	0.2
Q0043	Stationary liquid oxygen system rental, includes contents (per unit)	67,670,346	0.2
49505	Repair inguinal hernia, age 5 or over	66,980,265	0.2
93910	Non-invasive studies of lower extremity arteries	66,690,988	0.2
90843	Individual medical psychotherapy by a physician (20-30 minutes)	66,253,055	0.2
E0260	Hospital bed, with side rails, semi-electric; with mattress	65,479,825	0.2
93224	Electrocardiographic monitoring for 24 hours by continuous ECG waveform recording	65,253,154	0.2
90360	Subsequent care, skilled nursing, intermediate care, or long-term care facilities; intermediate service	64,624,741	0.2
78306	Bone imaging; whole body	63,590,451	0.2
99172	Critical care, subsequent follow-up visit; limited service	63,329,985	0.2
90605	Initial consultation; intermediate service	59,902,194	0.2
77425	Weekly radiology therapy management; intermediate	59,164,966	0.2
17000	Destruction by any method, with or without surgical curettage; one lesion	58,209,812	0.2

Medicare BMAD Leading Procedure Codes Based on Allowed Charges  
Calendar Year 1989

Procedure Code	Description	Allowed Charges	Percent of Total Allowed Charges <sup>1</sup>
92235	Ophthalmoscopy, with medical diagnostic evaluation; multiframe photography	57,296,839	0.2
19240	Mastectomy, modified radical, including axillary lymph nodes	56,599,799	0.2
84443	Thyroid stimulating hormone (TSH), RIA OR EIA	56,294,284	0.2
93309	Echocardiography, m-mode and real time with image documentation (2D)	55,672,228	0.2
74170	CAT scan, abdomen; followed by contrast material(s)	54,770,327	0.2
90350	Subsequent care, skilled nursing, intermediate care, or long-term care facilities; limited service	53,459,704	0.2
90010	Office and other outpatient medical service, new patient; limited service	53,334,039	0.2
E0265	Hospital bed, total electric with siderails; with mattress	52,507,370	0.1
67210	Destruction of localized lesion of retina (e.g., maculopathy, chorioidopathy); one or more sessions	52,447,989	0.1
E0255	Hospital bed, with side rails, variable height; with mattress	52,439,881	0.1
88307	Surgical pathology, gross and microscopic examination	51,580,831	0.1
83718	Lipoprotein high density cholesterol (HDL cholesterol)	50,878,758	0.1
76519	Ophthalmic biometry by ultrasound echography, A-scan	50,409,402	0.1

<sup>1</sup>Allowed charges are shown as a percent of all physician and supplier allowed charges submitted to Part B carriers.

<sup>2</sup>Allowed charges were aggregated by procedure code. A total of 113 procedure codes had allowed charges of \$50 million or more and were retained for analysis.

NOTE: Part B Medicare Annual Data (BMAD).

SOURCE: HCFA/BDMS

March 1991

## Medicare Persons Served/Trends

	1967	1975	1980	1985	1987	1988	1989 <sup>1</sup>
<b>Aged Persons Served per 1,000 Enrollees</b>							
HI and/or SMI	367	528	638	722	754	768	785
HI	203	221	240	219	210	207	206
SMI	365	536	652	739	776	792	813
<b>Disabled Persons Served per 1,000 Enrollees</b>							
HI and/or SMI	--	450	594	669	696	704	722
HI	--	219	246	228	219	209	209
SMI	--	471	634	715	748	760	785

<sup>1</sup>Preliminary data.

NOTES: Calendar year data. Utilization rates are based on persons receiving fee-for-service care and total persons enrolled (including members of prepaid health plans).

SOURCE: HCFA/BDMS

March 1991

Medicare Persons Served/Type of Service  
Calendar Year 1988

	Aged		Disabled	
	Persons Served in thousands <sup>1</sup>	Served per 1,000 Enrollees	Persons Served in thousands <sup>1</sup>	Served per 1,000 Enrollees
Hospital and/or Supplementary Medical Insurance	22,942	768	2,182	704
Hospital Insurance	6,082	207	648	209
Inpatient Hospital	5,778	197	624	201
Skilled Nursing Facility	371	13	13	4
Home Health Agency	1,485	51	97	31
Supplementary Medical Insurance	22,808	792	2,156	760
Physician and Other Medical	22,270	774	2,041	720
Outpatient	12,795	445	1,357	478
Home Health Agency	32	1	(2)	—

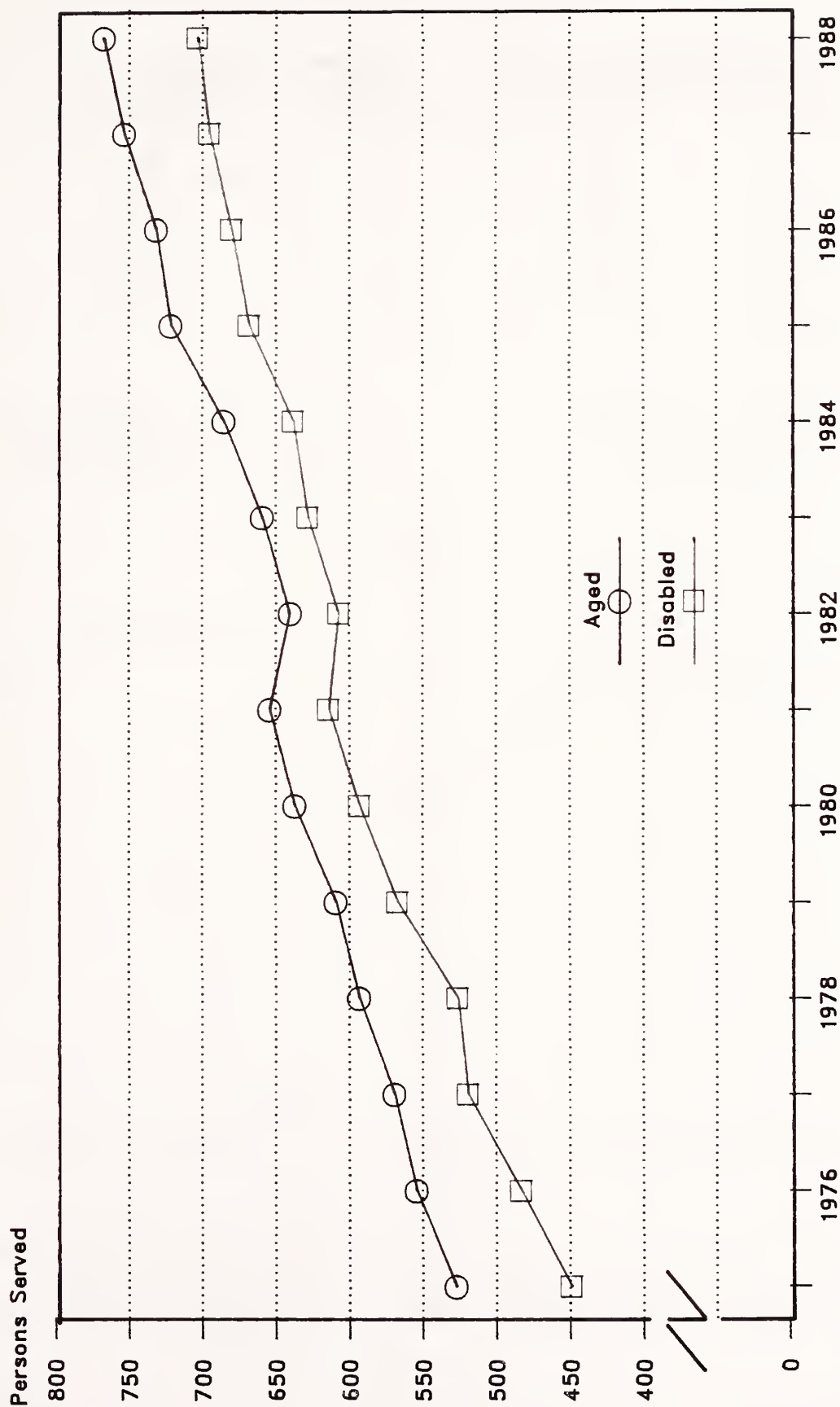
<sup>1</sup>Medicare enrollees who received a covered service for which: 1) Medicare Trust Fund payments were made; and 2) bills were received and processed in HCFA central office.

<sup>2</sup>Less than 500.

SOURCE: HCFA/BDMS

March 1991

# Medicare—Persons Served per 1,000 Enrollees HI and/or SMI Calendar Years 1975–1988



SOURCE: HCFA/BDMS

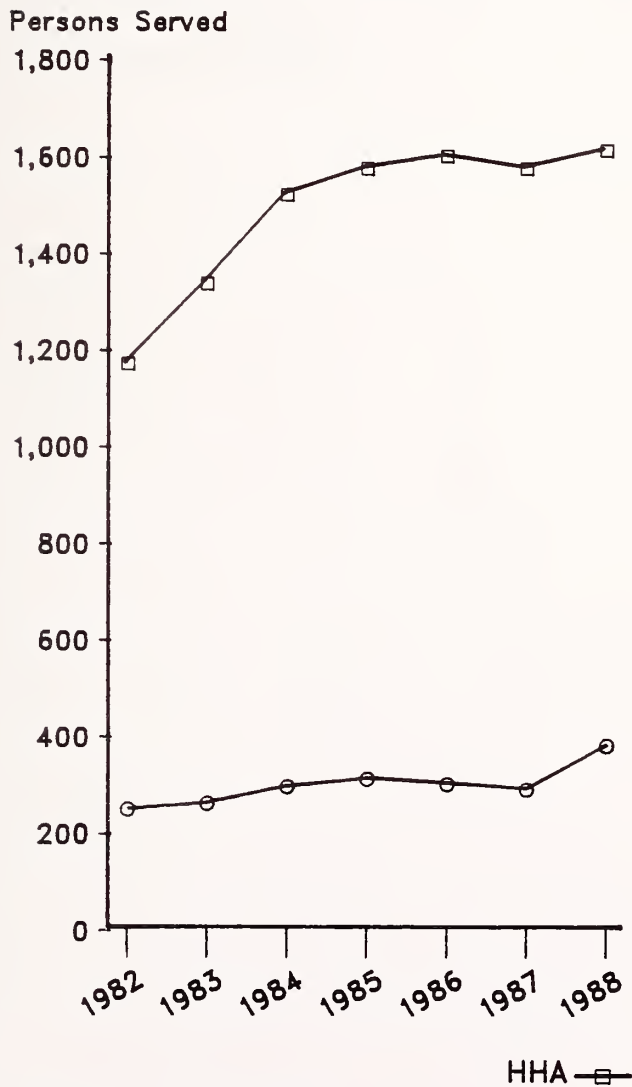
March 1991



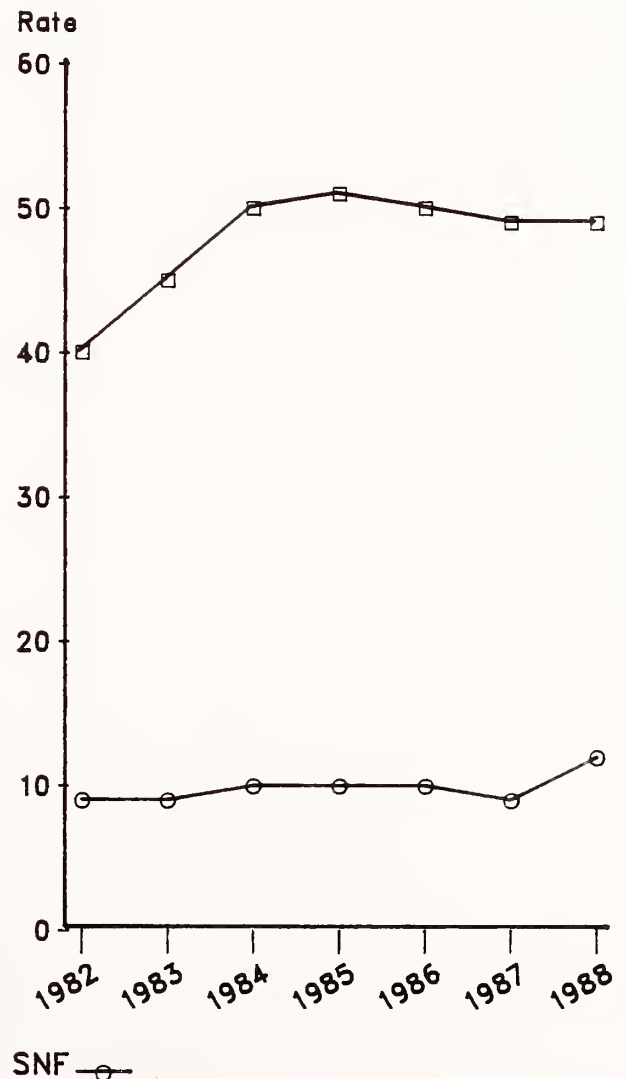
Medicare/Trends in Use of Selected Types of Long Term Care

Calendar Year	Skilled Nursing Facilities		Home Health Agencies	
	Persons Served in thousands	Rate Per 1,000 Enrollees	Persons Served in thousands	Rate Per 1,000 Enrollees
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,522	51
1986	304	10	1,601	50
1987	293	9	1,575	49
1988	384	12	1,613	49

Persons Served in Thousands



Rate per 1,000 Enrollees



SOURCE: HCFA/BDMS

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End Stage Renal Disease/Care Provided by  
Medicare Approved Facilities

	1985	1986	1987	1988	1989
Dialysis Patients	84,797	90,886	98,432	105,958	116,169
In-unit	68,394	73,800	80,149	87,195	95,948
Home	16,403	17,086	18,283	18,763	20,221
Transplant Patients	7,676	8,948	8,949	8,909	8,885
Transplant Procedures	7,695	8,976	8,967	8,932	8,899
Living Related Donor	1,876	1,887	1,907	1,760	1,823
Living Unrelated Donor	—	—	—	56	70
Cadaveric Donor	5,819	7,089	7,060	7,116	7,006
Average Dialysis Payment Rate	\$129	\$127	\$127	\$127	\$127
Hospital Based	\$131	\$129	\$129	\$129	\$129
Independents	\$127	\$125	\$125	\$125	\$125

NOTE: Calendar year data.

SOURCE: HCFA/BPD/BDMS

March 1991

Medicare/ESRD Patients by Treatment Setting  
Calendar Year 1989

HCFA Region	Number of Patients			Percent Distribution		
	Total	In-Center	At Home	Total	In-Center	At Home
All Regions	116,169	95,948	20,221	100.0	82.6	17.4
Boston	4,992	3,970	1,022	100.0	79.5	20.5
New York	15,721	12,942	2,779	100.0	82.3	17.7
Philadelphia	13,730	11,668	2,062	100.0	85.0	15.0
Atlanta	23,974	20,090	3,884	100.0	83.8	16.2
Chicago	18,681	14,758	3,923	100.0	79.0	21.0
Dallas	13,519	11,563	1,956	100.0	85.5	14.5
Kansas City	4,557	3,219	1,338	100.0	70.6	29.4
Denver	2,128	1,644	484	100.0	77.3	22.7
San Francisco	16,060	14,142	1,918	100.0	88.1	11.9
Seattle	2,807	1,952	855	100.0	69.5	30.5

SOURCE: HCFA/BDMS

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Medicaid/Recipients by Type of Service

	1987	1988	1989
Number in thousands			
Total	23,183	22,907	23,511
Inpatient Services			
General Hospitals	3,783	3,832	4,170
Mental Hospitals	55	60	90
Skilled Nursing Facilities	574	579	564
ICF Services			
Mentally Retarded	149	145	148
All Other	842	866	888
Physician Services	15,325	15,265	15,686
Dental Services	5,121	5,072	4,214
Other Practitioner Services	3,592	3,480	3,555
Outpatient Hospital Services	10,967	10,533	11,344
Clinic Services	2,143	2,256	2,391
Laboratory & Radiological	7,492	7,579	7,759
Home Health Services	622	569	609
Prescribed Drugs	15,130	15,323	15,916
Family Planning Services	1,638	1,525	1,564
Early and Periodic Screening	2,230	2,295	2,524
Rural Health Clinics	129	140	166
Other Care	3,595	4,166	4,583

NOTE: Fiscal year data.

SOURCE: HCFA/BDMS

Medicaid/Units of Services  
Fiscal Year 1989

	Units in thousands
General Hospital	
Total Discharges	3,734
Recipients Discharged	2,701
Total Days of Care	22,754
Skilled Nursing Facility	
Total Recipients	555
Total Days of Care	118,222
Intermediate Care Facility (excluding MR)	
Total Recipients	869
Total Days of Care	249,006
Home Health Visits	40,060
Physician Visits	98,406
Rural Health Clinic Visits	562
Drug Prescriptions	234,045

NOTE: The data for units of services are not based on all jurisdictions.

SOURCE: HCFA/BDMS

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Medicaid/Abortions

	1987	1988	1989	1990
Total Number Reported	91	135	67	70
Annual Percent Change	-60.8	+48.4	-50.4	+4.5
Total Expenditures in thousands	\$128	\$211	\$91	\$95
Annual Percent Change	-7.9	+64.8	-56.9	+4.4

NOTES: Fiscal year data. Data for this report are taken from the 64.9 forms submitted by the Medicaid jurisdictions as part of their quarterly statement of expenditures. Expenditures shown include both the Federal and State shares.

SOURCE: HCFA/MB

Medicaid/EPSTD

	1987	1988	1989	1990
Total Reported Individuals Screened in thousands	2,844	3,000	3,425	4,216
Total Payments for Screening in millions <sup>1</sup>	\$142	<sup>2</sup> \$159	\$154	\$184
Average Screening Cost	\$50	\$53	\$45	\$44

<sup>1</sup>Excludes treatment costs for referable conditions.

<sup>2</sup>Estimate: HCFA-25

NOTE: Fiscal year data.

SOURCE: HCFA/MB

Medicaid/EPSTD

	1987	1988	1989	1990
Average Number of Eligible Children	9,575,100	9,625,736	10,541,029	11,485,591
Average Number Enrolled in Continuing Care Arrangements	939,863	962,390	1,024,870	1,159,564
Percent of Eligible Children Enrolled	9.8	10.0	9.7	10.1
Number of Initial and Periodic Examinations	2,829,568	3,000,290	3,424,844	4,215,944
Number of Examinations where at Least One Referable Condition was Identified	779,204	805,165	847,375	1,084,297

NOTES: Fiscal year data. Data for this table are taken from HCFA-420 EPSTD quarterly reports. Excludes Puerto Rico, American Samoa and the Northern Mariana Islands.

SOURCE: HCFA/MB

March 1991

# National/Community Hospital Utilization Trends

	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expense per Patient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990 <sup>1</sup>	31.2	224	7.2	302	702

<sup>1</sup>Estimate is based on the 12 month period ending September, 1990.

SOURCE: American Hospital Association data for 1973-1989 are based on annual survey data as reflected in the American Hospital Association's Hospital Statistics, 1990-91 Edition. Data for 1990 are partially estimated using AHA's Community Hospital Panel Survey.

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## VIII. PROVIDERS/SUPPLIERS

Information in this section concerns institutions, agencies or professionals who provide health care services and furnish health care equipment or supplies. Medicare and Medicaid providers are combined in this section since Medicare providers are deemed certified for the Medicaid program. Additional information on providers of services are contained in STATE DATA (Section IX).

Current and trend data are shown by type of provider/supplier and program participation.





### Medicare Inpatient Hospitals/Trends

	1975	1980	1985	1989	1990
Total Hospitals	6,773	6,777	6,707	6,508	6,520
Beds in thousands	1,140	1,150	1,144	1,103	1,105
Beds per 1,000 Enrollees <sup>1</sup>	51.7	46.7	42.5	38.0	37.0
Short-Stay	6,107	6,104	6,034	5,582	5,549
Beds in thousands	902	991	1,027	973	970
Beds per 1,000 Enrollees <sup>1</sup>	40.9	40.2	38.2	33.5	32.5
Psychiatric	385	408	474	636	674
Beds in thousands	199	131	95	96	99
Beds per 1,000 Enrollees <sup>1</sup>	9.0	5.3	3.5	3.3	3.3
Other Long-Stay	281	265	199	290	297
Beds in thousands	40	28	22	34	35
Beds per 1,000 Enrollees <sup>1</sup>	1.8	1.1	0.8	1.2	1.2

<sup>1</sup>Based on number of aged HI enrollees.

NOTES: Facility data as of July 1. Rates for 1990 based on July 1, 1989 enrollment. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: HCFA/ORD/BDMS

### Other Medicare Providers and Suppliers/Trends

	1975	1980	1985	1989	1990
Skilled Nursing Facilities	5,295	5,052	6,451	8,198	8,937
Beds in thousands	287	436	NA	491	509
Home Health Agencies	2,242	2,924	5,679	5,546	5,730
Independent Laboratories	3,048	3,447	3,980	4,613	4,879
End Stage Renal Disease Facilities	—	999	1,393	1,875	1,937
Outpatient Physical Therapy	117	419	854	1,082	1,195
Portable X-Ray	132	216	308	418	443
Rural Health Clinics	—	391	428	484	551
Comprehensive Outpatient Rehabilitation Facilities	—	—	72	170	186
Ambulatory Surgical Centers	—	—	336	1,096	1,197
Hospices	—	—	164	703	825

NOTES: Facility data as of July 1. NA indicates data are not available.

SOURCES: HCFA/ORD/BDMS

March 1991

Selected Medicare Facilities/Type of Control

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	5,549	8,937	5,730
Percent Distribution			
Nonprofit	56.5	29.0	39.4
Proprietary	13.6	64.9	35.7
Government	29.9	6.1	24.9

NOTES: Data as of July 1990. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: HCFA/BDMS

Medicare PIP Facilities/Trends

	1975	1980	1985	1987	1988	1989	1990
Hospitals							
Number of PIP	1,524	2,276	3,242	1,531	1,470	1372	1,352
Percent of Total Participating	22.5	33.8	48.3	22.8	22.0	20.8	20.6
Skilled Nursing Facilities							
Number of PIP	161	203	224	256	152	493	774
Percent of Total Participating	4.1	3.9	3.4	3.5	2.0	5.8	7.3
Home Health Agencies							
Number of PIP	86	481	931	1,129	1,109	1125	1,211
Percent of Total Participating	3.8	16.0	16.0	19.3	19.6	19.7	21.0

NOTES: Data from 1985 to date are as of September; prior years as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many inpatient hospital services in PPS hospitals except for those having a disproportionate share adjustment of at least 5.1 percent during fiscal year 1987 and for rural hospitals with fewer than 100 beds where the servicing intermediary meets specified processing time standards.

SOURCES: HCFA/BPO/BDMS

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# Medicare Assigned Claims/Trends

Fiscal Year	Net Assignment Rate
1975	51.9
1976	51.0
1977	50.5
1978	50.6
1979	51.1
1980	51.4
1981	52.2
1982	52.8
1983	53.5
1984	56.4
1985	67.7
1986	68.0
1987	71.7
1988	76.3
1989	79.3
1990	80.9

SOURCE: HCFA/BPO

March 1991

## Medicare/Participating Physician and Supplier Program

### Participation Status - April 1, 1990

44.1% Physicians <sup>1</sup>	329,008 Participating 745,240 Billing Medicare
21.8% Suppliers	27,445 Participating 125,877 Billing Medicare

### Comparison to Prior Enrollments

	<u>April 1990</u>		<u>January 1989</u>	<u>April 1988</u>	<u>January 1987</u>
	<u>Number</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Physicians <sup>1</sup>	329,008	44.1	40.7	37.3	30.6
Suppliers	27,445	21.8	21.0	20.3	18.6
Total	356,453	40.9	37.8	34.8	29.1

<sup>1</sup> Includes M.D.s, D.O.s, and limited license practitioners.

NOTES: The participating physician/supplier program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). HCFA wrote to physicians and suppliers to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in his private practice but not in his group practice is counted as participating.

SOURCE: HCFA/BPO

March 1991

Historic Enrollment in the Medicare Participating Physicians and Suppliers/Trends

Specialty	1990 Apr 1- Dec 31	1989 Jan 1- Mar 31/90	1988 Apr 1- Dec 31	1987 Jan 1- Mar 31/88	1986 May 1- Dec 31	1985 Oct 1- Apr 30/86	1984 Oct 01/84 Sep 30/85
Percent of Participation							
Total Physicians, LLP and Suppliers	40.9	37.8	34.8	29.1	27.1	27.7	29.4
Total Physicians <sup>1</sup>	45.5	40.2	37.6	30.1	—	27.9	29.8
General Practice	39.7	35.8	32.3	25.6	23.8	23.6	27.3
General Surgery	55.8	52.2	48.5	37.2	32.9	34.5	33.9
Otology, Laryngology, Rhinology	45.2	41.2	36.9	27.0	—	25.1	24.6
Anesthesiology	30.8	28.3	25.0	20.3	21.8	21.7	21.1
Cardiovascular Disease	60.6	55.5	52.8	43.2	—	38.8	35.6
Dermatology	53.4	48.7	45.7	38.1	—	37.8	34.0
Family Practice	47.2	39.7	35.6	27.1	25.0	27.1	25.5
Internal Medicine	48.8	45.2	41.2	33.6	29.7	31.1	32.5
Neurology	53.1	49.2	44.1	37.2	—	33.2	34.8
Obstetrics - Gynecology	48.8	44.2	40.4	31.5	—	30.5	29.1
Ophthalmology	55.6	50.5	46.3	35.1	29.7	28.7	27.3
Orthopedic Surgery	53.7	49.2	44.0	32.6	—	38.3	29.0
Pathology	53.4	50.6	48.1	41.2	38.2	37.7	39.6
Psychiatry	41.6	37.8	34.4	28.6	—	27.8	30.0
Radiology	55.6	49.6	46.3	39.8	40.5	39.5	41.3
Urology	49.6	45.6	41.7	35.0	—	29.0	27.8
Nephrology	66.5	60.0	57.8	49.7	—	46.2	50.8
Clinic or Other Group Practice-Not GPPP	68.7	67.8	60.8	50.6	34.6	35.4	33.8
Other Physicians <sup>2</sup>	29.2	26.0	24.0	19.5	23.8	28.3	32.4
Other Surgical	—	—	—	—	—	12.7	18.2
Total Limited License Practitioners (LLP)	40.0	44.5	35.6	30.4	—	32.2	34.0
Certified Registered Midwife <sup>3</sup>	15.2	—	—	—	—	—	—
Certified Reg. Nurse Anesthetist <sup>3</sup>	12.5	—	—	—	—	—	—
Chiropractor	26.2	24.8	22.9	19.7	23.0	23.8	25.4
Podiatry - Surgical Chiroprody	54.0	52.6	44.6	33.4	30.3	31.8	38.2
Optometrist	54.0	48.9	50.5	44.1	45.6	48.2	44.0
Other Limited License Practitioners <sup>4</sup>	38.4	35.3	33.8	30.9	32.2	33.8	36.8
Total Physicians and LLP	44.1	40.7	37.3	30.6	28.3	28.4	29.8
Total Suppliers	21.8	21.0	20.3	18.3	19.0	23.0	23.8
Independent Laboratory	45.4	43.8	42.0	37.2	36.7	36.3	28.4
Durable Medical Equipment Suppliers	21.7	20.1	19.2	16.6	—	18.7	22.7
Ambulance Service Suppliers	32.1	30.1	30.0	27.9	—	38.6	28.6
Other Suppliers <sup>5</sup>	17.5	17.5	16.8	15.5	16.5	22.9	22.5

<sup>1</sup>Physicians include doctors of medicine (MDs) and doctors of osteopathy (DOs).

<sup>2</sup>For FY 1985 and FY 1986, other physicians means other medical specialties. For later enrollment periods, other physicians includes both other medical and other surgical specialties.

<sup>3</sup>Data for CRMs and CRNAs not available prior to April 1, 1990 election period.

<sup>4</sup>Other limited license practitioners includes audiologists, psychologists, physical therapists, and occupational therapists.

<sup>5</sup>Other suppliers are orthotists, prosthetists, and portable x-ray suppliers.

NOTE: "—" means data not available. For FY 1984, data represents percentage of agreements; thus physicians may have been counted more than once, if they practiced in more than one setting. Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if a provider participates in more than one setting.

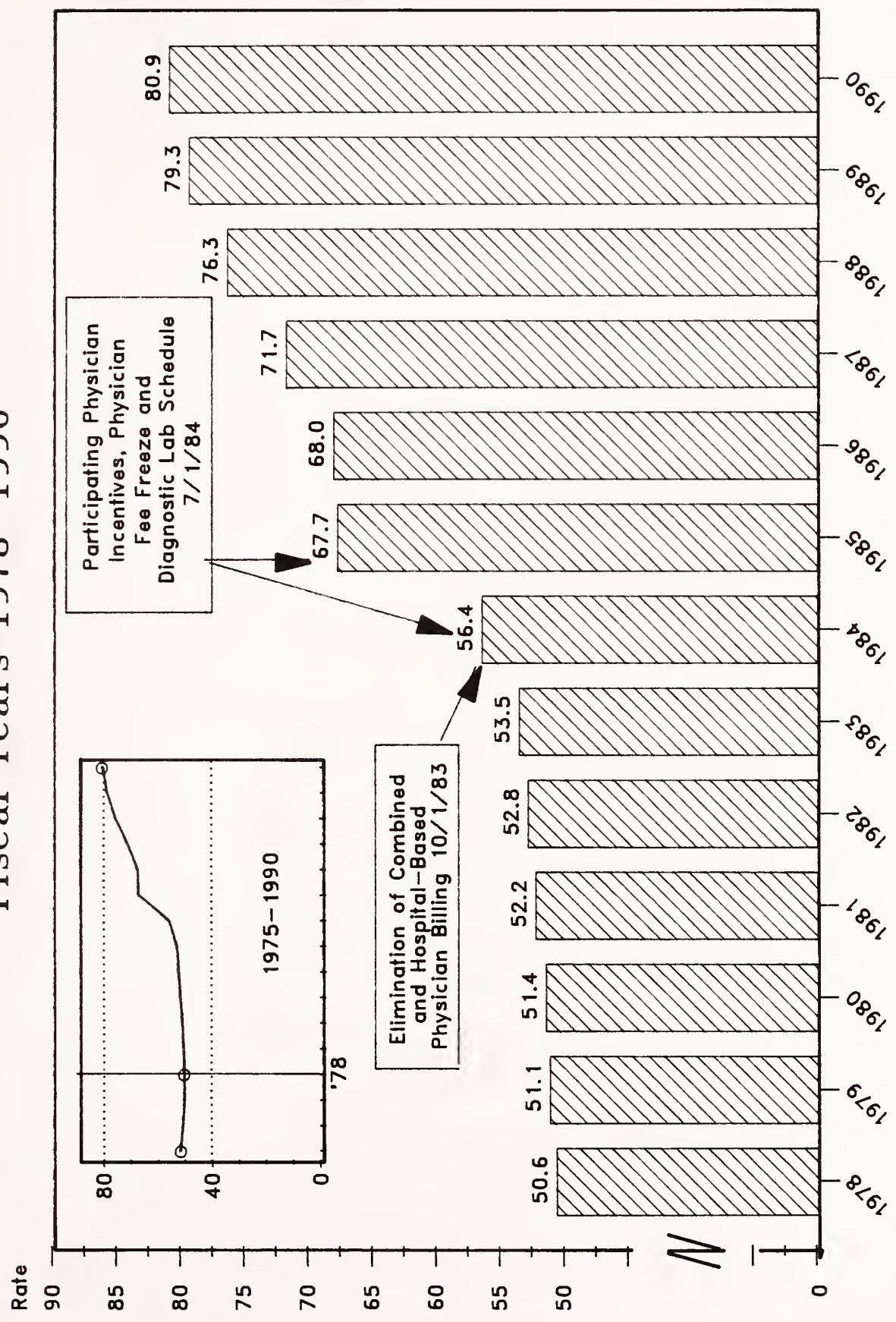
SOURCE: HCFA/BPO

March 1991





# Medicare Physician/Supplier Net Assignment Rates Fiscal Years 1978-1990



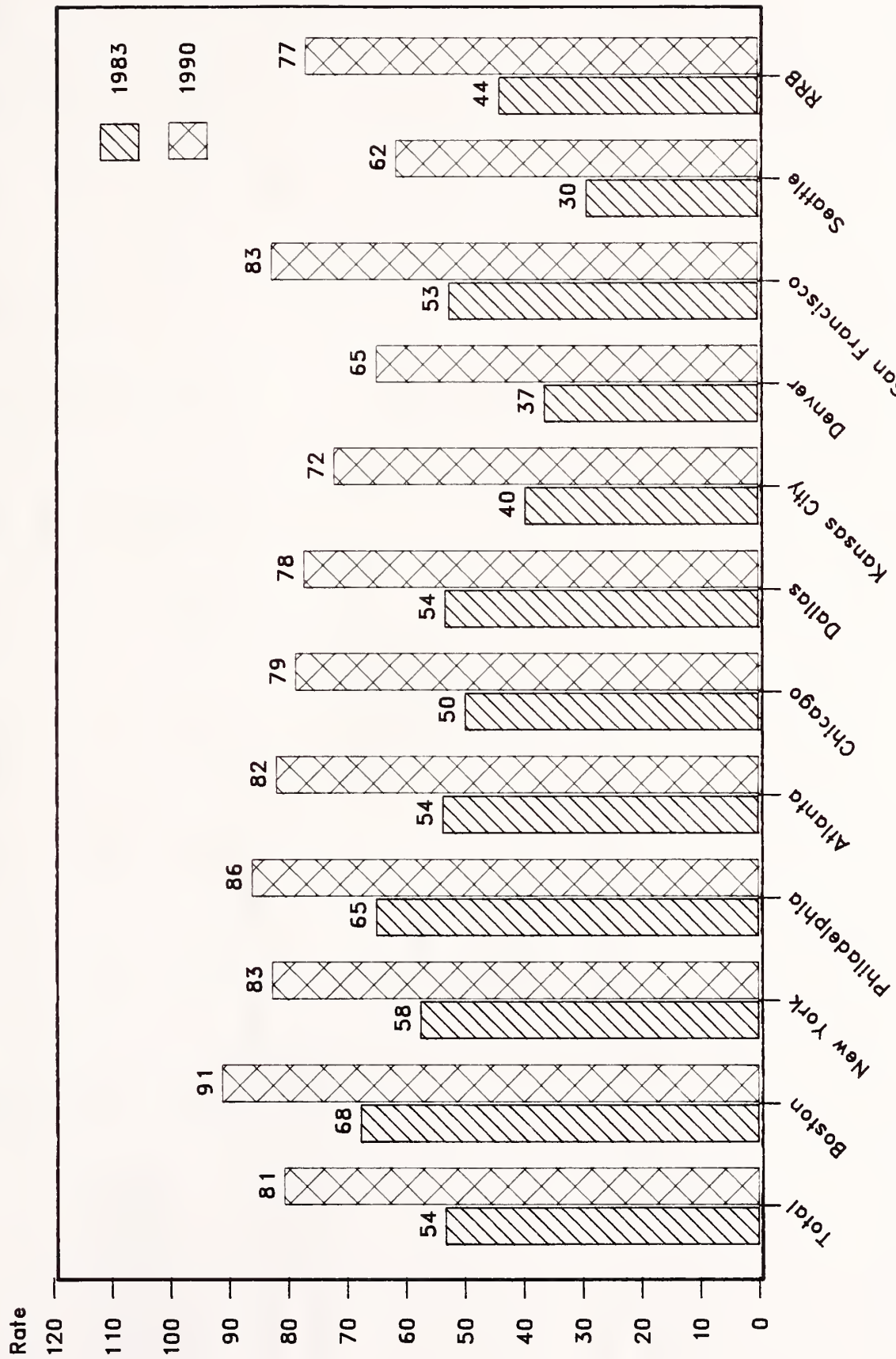
SOURCE: HCFA/BPO

March 1991





# Medicare Assignment Rate by HCFA Region Fiscal Year 1983 versus 1990



SOURCE: HCFA/BPO

March 1991



Medicare/Benefit and Premium Summary  
TEFRA Risk HMOs and CMPs

	Routine Physicals	Immunization	Health Education	Outpatient Drugs	Foot Care	Eye Exams	Lenses	Ear Exams	Hearing Aids	Dental	Outpatient Mental Health
Number and Percent of Plans Whose Basic Option Package Offers Additional Benefits in Specified Categories	84	74	29	34	27	80	11	51	1	21	3
	Percent										
87	77	30	35	28	83	11	53	1	22	3	
											Percent
Plans Charging Copayments for Basic Package: 77 yes (80%); 19 no (20%)											
Plans Offering High Option Package: 9%											
<u>Distribution of Basic Premiums</u>											
				<u>Range</u>		<u>Number of plans</u>		<u>Percent</u>			
				\$0		17		18			
				\$0.01 - \$19.99		8		8			
				\$20.00 - \$40.00		29		30			
				above \$40.00		42		44			
Average Basic Premium = \$35.73      Highest Basic Premium = \$93.09											

NOTE: Data as of December 1, 1990.

SOURCE: HCFA/OPHC

March 1991

Medicare/Enrollment and Payment Summary for HMOs and CMPs

Type of Contract	Number of Contracts	Number of Enrollees	October 1989 Payment in millions	Payment Fiscal Year to Date in millions
Total	166	2,017,593	\$466.8	\$1,388.0
Risk	100	1,280,839	400.0	1,186.1
TEFRA <sup>1</sup>	96	1,263,547	394.1	1,168.8
Old Risk	0	0	0.0	0.0
Demos	4	17,292	5.9	17.3
TEFRA Cost <sup>2</sup>	26	140,527	15.8	48.2
HCPP Part B <sup>3</sup>	40	596,227	51.0	153.7

<sup>1</sup>Includes 2 contracts which have been signed, but for which no payment has been made for December 1990. Also includes 3 Diagnostic Cost Groupings (DCGs).

<sup>2</sup>Includes 6 plans with TEFRA risk contracts which have enrollees still being paid under the cost methods.

<sup>3</sup>Includes enrollment for 10 HCPPs which have signed risk contracts.

NOTES: Data as of December 1, 1990. Data for fiscal year payment include the current month.

SOURCE: HCFA/OPHC

March 1991

Medicare/Federal Qualification Summary  
for HMOs and CMPs

	Number Qualified	Number Eligible	Number Pending
HMOs	448	—	21
Service Area Expansion	—	—	18
Regional Component	—	—	1
New Applications	—	—	2
CMPs	—	15	5
Service Area Expansion	—	—	1

NOTES: Data as of December 1990. HMOs are Health Maintenance Organizations; CMPs are Competitive Medical Plans.

SOURCE: HCFA/OPHC

March 1991

Medicare/Summary of Monthly Risk Contracts

Date	Number of Contracts	Total Enrollees	Monthly Payment in millions
1987			
January	145	836,713	172.5
February	151	849,077	185.0
March	151	867,087	183.0
April	152	903,394	190.0
May	152	914,715	188.0
June	154	910,909	186.3
July	156	937,060	194.8
August	156	949,363	195.8
September	157	958,345	197.0
October	158	981,068	202.9
November	159	990,299	212.3
December	161	1,002,896	214.9
1988			
January	133	981,145	234.9
February	134	966,931	230.2
March	135	975,328	239.7
April	137	989,886	243.6
May	137	999,515	240.8
June	138	1,009,765	249.7
July	141	1,023,110	252.9
August	140	1,033,543	256.0
September	153	1,040,966	257.8
October	155	1,047,423	259.7
November	155	1,054,761	261.8
December	154	1,062,712	264.4
1989			
January	133	1,039,901	283.9
February	133	1,046,645	286.1
March	133	1,055,010	288.7
April	133	1,061,582	290.7
May	133	1,069,663	293.2
June	133	1,075,499	295.0
July	133	1,088,108	299.0
August	133	1,096,384	302.0
September	131	1,102,693	303.4
October	131	1,113,939	303.7
November	131	1,124,387	300.1
December	131	1,134,039	301.7
1990			
January	96	1,091,635	341.6
February	97	1,108,589	345.4
March	97	1,124,067	353.5
April	97	1,141,923	356.6
May	97	1,157,390	361.3
June	96	1,171,440	365.6
July	96	1,187,082	371.3
August	97	1,205,490	376.5
September	96	1,216,617	381.5
October	96	1,238,479	388.0
November	96	1,260,413	386.7
December	96	1,263,547	394.1

SOURCE: HCFA/OPHC

March 1991

Medicare/Summary of Risk and Cost Contracts by Category

Type of Contract	Number of Contracts	Percent	Number of Enrollees	Percent
Signed TEFRA Risk Contracts				
Model				
IPA	55	57	493,125	39
Group	28	29	314,438	25
Staff	13	14	455,984	36
Ownership				
Profit	50	52	765,749	61
Nonprofit	46	48	497,798	39
Signed TEFRA Cost Contracts <sup>1</sup>				
Model				
IPA	8	31	77,586	57
Group	9	35	30,952	23
Staff	9	34	27,153	20
Ownership				
Profit	8	31	47,521	35
Nonprofit	18	69	88,170	65

<sup>1</sup>Does not include cost enrollees remaining in risk plans.

NOTES: Data as of December 1, 1990. IPA is the Individual Practice Association.

SOURCE: HCFA/OPHC

March 1991

# Medicare Prepaid Operations

	Pre-TEFRA <sup>1</sup>		Post-TEFRA <sup>2</sup>	
	Number of Plans	Number of Enrollees	Number of Plans	Number of Enrollees
Total Prepaid	154	1,076,115	166	2,017,593
HCPPs and GPPPs	46	612,131	40	596,227
Total HMOs	108	463,984	126	1,421,366
TEFRA Risk	--	--	96	1,263,547
Old Risk	4	37,353	0	0
Cost Basis	65	116,608	26	140,527
DEMO	39	310,023	4	17,292

<sup>1</sup>Data as of March 1985.

<sup>2</sup>Data as of December 1990.

SOURCE: HCFA/OPHC

March 1991



Medicare and Prepaid Enrollment Distribution by State

	Total Population in thousands	Medicare Enrollees in thousands	Enrollees as a Percent of Total Population	Enrollees in thousands				Enrollees as a Percent of Medicare Enrollees			
				Total Prepaid Enrollees				TEFRA Risk Cost HCPP Total			
				TEFRA Risk	Cost	HCPP		TEFRA Risk	Cost	HCPP	Total
Total	248,239	33,289,981	13	1,263,547	127,452	596,227	1,987,226	4	0	2	6
Alabama	4,118	572,665	14	0	0	0	0	0	0	0	0
Alaska	527	23,372	4	0	0	0	0	0	0	0	0
Arizona	3,556	479,565	13	46,242	18,296	0	64,538	10	4	0	13
Arkansas	2,406	385,867	16	0	0	0	0	0	0	0	0
California	29,063	3,210,824	11	407,427	1,440	254,117	662,984	13	0	8	21
Colorado	3,317	345,847	10	36,673	8,482	1,613	46,768	11	2	0	14
Connecticut	3,239	462,413	14	7,148	1,838	0	8,986	2	0	0	2
Delaware	673	85,954	13	0	0	0	0	0	0	0	0
Dist. of Columbia	604	77,964	13	0	0	7,518	7,518	0	0	10	10
Florida	12,671	2,273,962	18	249,963	1,039	9,918	260,920	11	0	0	11
Georgia	6,436	714,861	11	1,291	0	0	1,291	0	0	0	0
Hawaii	1,112	122,456	11	11,677	18,871	4,233	34,781	10	15	3	28
Idaho	1,014	128,839	13	0	0	0	0	0	0	0	0
Illinois	11,658	1,516,240	13	51,099	6,412	8,520	66,031	3	0	1	4
Indiana	5,593	748,837	13	6,827	0	10,331	17,158	1	0	1	2
Iowa	2,840	452,142	16	2,480	0	7,911	10,391	1	0	2	2
Kansas	2,513	359,196	14	4,807	0	10,943	15,750	1	0	3	4
Kentucky	3,727	525,518	14	4,180	0	0	4,180	1	0	0	1
Louisiana	4,382	522,287	12	0	0	151	151	0	0	0	0
Maine	1,222	180,204	15	0	0	0	0	0	0	0	0
Maryland	4,694	528,216	11	2,767	0	0	2,767	1	0	0	1
Massachusetts	5,913	857,759	15	42,044	0	8,376	50,420	5	0	1	6
Michigan	9,273	1,209,489	13	17,099	0	0	17,099	1	0	0	1
Minnesota	4,353	579,463	13	83,218	0	45,728	128,946	14	0	8	22
Mississippi	2,621	361,472	14	0	0	0	0	0	0	0	0



Medicare and Prepaid Enrollment Distribution by State (cont.)

	Enrollees as a Percent of Total			Enrollees in thousands			Enrollees as a Percent of Medicare Enrollees				
	Total Population in thousands	Medicare Enrollees in thousands	Population of Total	Enrollees in thousands			Enrollees as a Percent of Medicare Enrollees				
				TEFRA Risk	Cost	HCPP	TEFRA Risk	Cost	HCPP	Total Prepaid Enrollees	
Missouri	5,159	770,840	15	11,453	0	14,618	26,071	1	0	2	3
Montana	806	115,113	14	0	0	0	0	0	0	0	0
Nebraska	1,611	235,128	15	4,347	610	0	4,957	2	0	0	2
Nevada	1,111	130,508	12	11,180	0	0	11,180	9	0	0	9
New Hampshire	1,107	134,309	12	0	0	0	0	0	0	0	0
New Jersey	7,736	1,078,383	14	1,889	21,515	0	23,404	0	2	0	2
New Mexico	1,528	173,328	11	12,454	0	0	12,454	7	0	0	7
New York	17,950	2,492,082	14	65,874	7,264	89,602	162,740	3	0	4	7
North Carolina	6,571	866,961	13	760	987	0	1,747	0	0	0	0
North Dakota	660	97,533	15	0	539	0	539	0	1	0	1
Ohio	10,907	1,516,629	14	11,615	1,327	6,456	19,398	1	0	0	1
Oklahoma	3,224	444,418	14	1,365	0	0	1,365	0	0	0	0
Oregon	2,820	413,318	15	62,020	18,474	0	80,494	15	4	0	19
Pennsylvania	12,040	1,925,937	16	16,628	2,829	4,253	23,710	1	0	0	1
Puerto Rico	NA	421,206	NA	0	0	0	0	0	0	0	0
Rhode Island	998	157,023	16	4,403	4,409	0	8,812	3	3	0	6
South Carolina	3,512	430,006	12	0	0	0	0	0	0	0	0
South Dakota	715	108,827	15	0	0	0	0	0	0	0	0
Tennessee	4,940	677,964	14	0	0	0	0	0	0	0	0
Texas	16,991	1,778,421	10	27,011	0	679	27,690	2	0	0	2
Utah	1,707	154,199	9	0	0	1,086	1,086	0	0	1	1
Vermont	567	73,432	13	0	0	0	0	0	0	0	0
V.I./Guam/A.S.	NA	8,306	NA	0	0	0	0	0	0	0	0
Virginia	6,098	702,982	12	0	344	0	344	0	0	0	0
Washington	4,761	599,837	13	52,221	4,551	0	56,772	9	1	0	9
West Virginia	1,857	303,969	16	0	8,225	0	8,225	0	3	0	3
Wisconsin	4,867	703,755	14	5,385	0	8,359	13,744	1	0	1	2
Wyoming	475	50,155	11	0	0	0	0	0	0	0	0
United Mine Workers (90091) <sup>1</sup>	--	--	--	--	--	101,815	101,815	0	0	0	0

<sup>1</sup>United Mine Workers is a separate entity within Health Care Prepaid Plans (HCPP).

NOTES: Medicare enrollment data as of July 1, 1989 excludes data for Foreign Countries and residence unknown. Resident population for July 1, 1989 is a provisional estimate. Prepaid enrollment data as of December 1990. NA indicates data are not available.

## Physicians/Trends

Year	Total	Type of Physician		Active Physicians per 10,000 Population
		Doctors of Medicine	Doctors of Osteopathy	
1970	326,500	314,200	12,300	15.6
1971	337,400	325,000	12,400	15.9
1972	348,300	335,500	12,800	16.3
1973	355,700	342,500	13,200	16.4
1974	370,000	356,400	13,600	16.9
1975	384,500	370,400	14,100	17.4
1976	399,500	385,000	14,500	17.9
1977	405,900	390,800	15,100	18.0
1978	424,000	408,300	15,700	18.6
1979	440,400	424,000	16,400	19.1
1980	457,500	440,400	17,100	19.7
1981	466,700	448,700	18,000	19.9
1982	483,700	465,000	18,700	20.5
1983	501,200	481,500	19,700	21.1
1984	NA	NA	NA	NA
1985	534,800	512,900	21,900	22.0
1986	544,800	522,000	22,800	22.5
1987	560,100	536,000	24,100	22.7
1988	573,600	548,300	25,300	23.0
1989	587,500	560,900	26,500	23.5
Projected				
1990	601,100	573,300	27,800	24.0
2000	721,600	682,100	39,500	26.9
2010	810,100	759,600	50,500	28.7
2020	848,700	789,600	59,100	28.8

NOTES: Data are based on reporting by physicians and medical schools. The resident population includes U.S. residents in the 50 States, District of Columbia, and civilians in Puerto Rico, other U.S. outlying areas and the Armed Forces abroad. The number of M.D.'s differ from American Medical Association figures because a variant proportion of the physicians not classified by activity status and whose addresses are unknown are allocated into the totals. NA indicates data are not available.

SOURCES: HRSA/Bureau of Health Professions and Bureau of the Census

March 1991

Ratio of Non-Federal Physicians  
Involved in Patient Care  
per 100,000 Civilian Population, 1988

HCFA Region	Ratio	Index
Total	189	1.00
Boston	249	1.32
New York	246	1.30
Philadelphia	217	1.15
Atlanta	164	0.87
Chicago	175	0.93
Dallas	155	0.82
Kansas City	122	0.65
Denver	167	0.88
San Francisco	207	1.10
Seattle	174	0.92

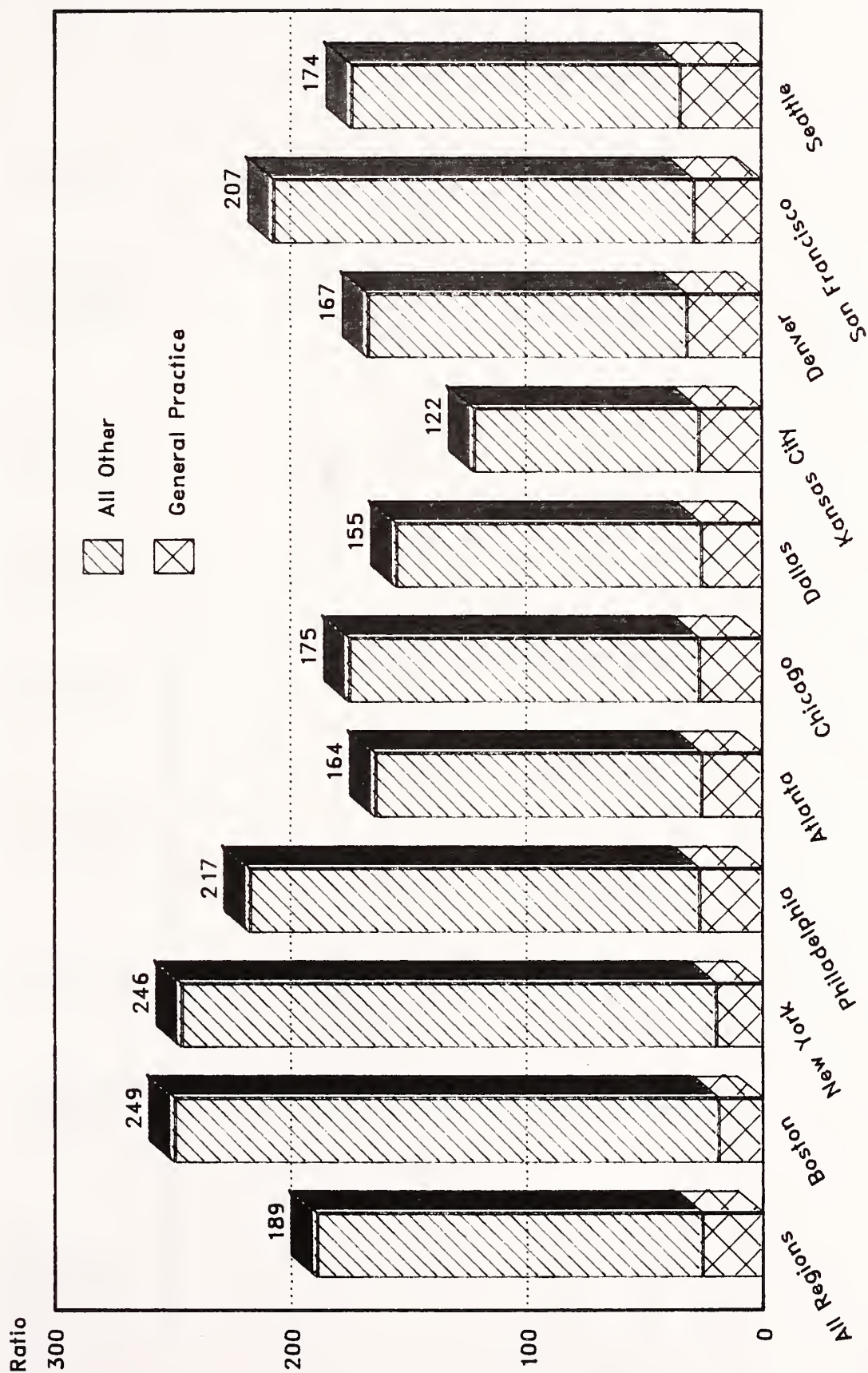
NOTES: Physician data exclude those physicians whose addresses are unknown. 1989 civilian population data are unavailable for Puerto Rico, Virgin Islands, and Pacific Islands; therefore, 1988 data were used for those areas.

SOURCES: American Medical Association and Bureau of the Census

March 1991



# Ratio of Non-Federal Physicians, Involved in Patient Care, per 100,000 Civilian Population, 1988



SOURCE: American Medical Association / Bureau of the Census

March 1991





## Physician Specialties/Trends

	1970		1985		1987		1988	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Non-Federal Physicians								
Active in Patient Care	255,027	100.0	431,527	100.0	461,217	100.0	472,598	100.0
Medical Specialties	60,968	23.9	132,519	30.7	147,815	32.0	151,484	32.1
Surgical Specialties	75,991	29.8	118,955	27.6	123,944	26.9	125,724	26.6
Other Specialties	63,970	25.1	117,109	27.1	124,314	27.0	129,354	27.4
General Practice	54,098	21.2	62,944	14.6	65,144	14.1	66,036	14.0

SOURCE: American Medical Association, *Physician Characteristics and Distribution in the U. S.*, 1999.

## Physician Income and Expenses/1989

	Mean Net Income in thousands <sup>1</sup>	Mean Expenses							
		Mean in thousands	Total	Non-Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Other
Percent Distribution									
All Physicians	\$155.8	\$148.4	100.0	35.5	22.4	11.5	10.4	5.1	15.0
Specialty									
General/Family Practice	95.9	128.5	100.0	39.6	23.3	15.5	7.0	4.5	10.0
Internal Medicine	146.5	139.1	100.0	37.5	23.0	15.2	5.9	5.2	13.2
Surgery	220.5	203.2	100.0	35.3	22.2	8.8	12.7	5.7	15.2
Pediatrics	104.7	132.5	100.0	34.6	22.7	16.0	5.9	8.0	12.8
Obstetrics/Gynecology	194.3	197.4	100.0	30.9	20.1	9.1	18.7	5.4	15.8

<sup>1</sup> After expenses, before taxes.

SOURCE: American Medical Association, Socioeconomic Characteristics of Medical Practice, 1990-91.

March 1991

Physician Income and Expenses/Trends

Year	Mean Net Income in thousands <sup>1</sup>	Mean in thousands	Mean Expenses						
			Total	Non-Physician Payroll	Office	Medical Supplies	Professional Liability Expenses	Medical Equipment	Other
Percent Distribution									
1983	\$104.1	\$85.4	100.0	34.0	24.8	10.9	8.1	6.0	16.3
1984	108.4	94.0	100.0	33.2	26.0	11.4	8.9	5.9	14.7
1985	112.2	102.7	100.0	34.7	25.7	10.9	10.2	5.7	12.8
1986	119.5	118.4	100.0	32.8	24.1	11.1	10.8	5.9	15.3
1987	132.3	123.7	100.0	34.4	24.3	10.9	12.1	5.3	13.1
1988	144.7	140.8	100.0	34.4	24.1	10.3	11.3	4.9	15.0
1989	155.8	148.4	100.0	35.5	22.4	11.5	10.4	5.1	15.0

<sup>1</sup>After expenses, before taxes.

SOURCE: American Medical Association, *Socioeconomic Characteristics of Medical Practice, 1990-91*.

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## IX. STATE DATA

State distributions are included for Medicare and Medicaid expenditures, populations, utilization and providers. In addition, State distributions are included for national experience on utilization and providers of services.



Medicare Benefit Payments/State  
Fiscal Year 1989

	Program Payments <sup>1</sup> in millions	July 1, 1989 Medicare Enrollees in thousands	Average Payment per Enrollee	Program Payments <sup>1</sup> in millions	July 1, 1989 Medicare Enrollees in thousands	Average Payment per Enrollee
All Areas	\$94,300	33,579	\$2,808			
United States <sup>2</sup>	93,823	32,886	2,853			
Alabama	1,278	573	2,233	Missouri	2,115	2,744
Alaska	71	23	3,045	Montana	273	2,368
Arizona	1,321	480	2,756	Nebraska	486	2,065
Arkansas	952	386	2,468	Nevada	364	2,792
California	10,387	3,211	3,235	New Hampshire	298	2,218
Colorado	789	346	2,280	New Jersey	3,317	3,075
Connecticut	1,317	462	2,848	New Mexico	397	2,289
Delaware	235	86	2,729	New York	8,277	3,321
District of Columbia	380	78	4,874	North Carolina	1,982	2,286
Florida	6,769	2,274	2,977	North Dakota	245	2,512
Georgia	1,989	715	2,782	Ohio	4,488	2,959
Hawaii	234	122	1,908	Oklahoma	1,189	2,675
Idaho	288	129	2,237	Oregon	816	1,973
Illinois	4,531	1,516	2,989	Pennsylvania	6,415	3,331
Indiana	1,886	749	2,520	Rhode Island	344	2,193
Iowa	1,045	452	2,312	South Carolina	859	1,999
Kansas	870	359	2,422	South Dakota	234	2,154
Kentucky	1,398	526	2,661	Tennessee	1,856	2,737
Louisiana	1,681	522	3,219	Texas	5,111	2,874
Maine	450	180	2,495	Utah	364	2,359
Maryland	1,874	528	3,548	Vermont	166	2,257
Massachusetts	2,586	858	3,015	Virginia	1,882	2,677
Michigan	3,938	1,209	3,256	Washington	1,494	2,491
Minnesota	1,053	579	1,818	West Virginia	723	2,378
Mississippi	933	361	2,581	Wisconsin	1,738	2,470
				Wyoming	129	2,579
				U.S. Territories and Possessions	448	1,043
				Foreign Countries	29	109

<sup>1</sup>Program payments for "All Areas" represent disbursements reported in the 1990 Trustees Report including all disbursements under fee-for-service and prepaid health plan arrangements. Distribution of program payments by State is based on interim payment as reflected on claims for services rendered in 1988 and recorded in central office through December 2, 1989. Data are shown by beneficiary's State of residence.

<sup>2</sup>Includes enrollees with unknown State of residence.

SOURCES: HCFA/OACT/BDMS

March 1991

Medical Assistance Payments/Expenditures

	1988		1989		1990	
	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share
TOTAL	\$51,623,926	\$29,023,220	\$57,992,604	\$32,717,341	\$69,030,544	\$39,129,542
Alabama	466,782	342,718	538,715	394,485	796,765	584,138
Alaska	102,789	54,200	131,110	69,021	152,237	80,889
American Samoa	3,980	1,330	2,780	1,390	5,495	1,450
Arizona	183,119	117,210	391,961	249,176	558,008	345,983
Arkansas	428,310	318,002	515,520	382,316	610,857	455,900
California	5,592,729	2,802,579	6,055,870	3,033,357	7,191,877	3,602,193
Colorado	480,784	240,622	488,274	247,943	536,770	281,092
Connecticut	834,642	418,089	1,002,148	502,097	1,186,037	594,450
Delaware	100,926	52,996	113,662	59,976	122,717	61,592
Dist. of Col.	379,191	189,945	352,445	176,454	422,957	211,956
Florida	1,524,703	845,076	1,937,929	1,070,555	2,476,982	1,356,715
Georgia	1,135,976	726,997	1,246,951	784,400	1,513,221	942,792
Guam	4,110	2,056	3,560	1,785	3,888	1,953
Hawaii	159,714	86,105	181,244	98,156	207,389	113,369
Idaho	118,463	83,763	131,964	96,090	156,591	115,068
Illinois	1,913,130	963,995	2,128,612	1,069,153	2,407,030	1,208,837
Indiana	1,024,021	653,772	1,200,926	766,443	1,453,099	927,966
Iowa	477,122	300,249	538,039	339,514	637,539	399,489
Kansas	328,874	182,289	380,901	209,704	525,460	295,059
Kentucky	714,100	516,812	829,987	606,032	1,001,110	727,821
Louisiana	939,338	642,305	1,161,987	823,838	1,410,678	1,032,272
Maine	325,389	218,618	366,132	244,473	417,383	272,458
Maryland	931,263	468,455	1,001,625	503,300	1,193,520	597,599
Mass. DPW	2,020,167	1,011,543	2,276,999	1,138,680	2,985,519	1,493,476
Mass. BLIND	58,142	29,071	58,387	29,193	76,435	38,217
Michigan	2,047,539	1,161,444	2,160,447	1,188,287	2,666,101	1,455,062
Minnesota	1,183,381	640,402	1,261,350	671,299	1,431,340	757,139
Mississippi	443,927	353,891	506,664	405,188	620,846	498,078
Missouri	714,640	424,395	816,082	490,369	938,059	556,321
Montana	152,127	105,932	168,741	119,428	180,167	129,200
Nebraska	240,771	144,148	276,294	167,239	317,951	194,896

Amount in thousands

Medical Assistance Payments/Expenditures - continued

	1988		1989		1990	
	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share	Total Payments Computable For Federal Funding	Net Adjusted Federal Share
	Amount in thousands					
Nevada	96,587	48,827	110,048	55,293	154,300	77,486
New Hampshire	172,106	86,604	196,244	98,372	228,141	114,312
New Jersey	1,735,920	876,711	1,956,275	980,257	2,356,547	1,180,791
New Mexico	229,029	165,546	252,907	182,648	289,911	211,520
New York	9,668,055	4,844,632	10,792,344	5,410,432	12,021,166	6,029,490
North Carolina	965,734	664,487	1,177,157	802,694	1,462,625	989,066
North Dakota	159,504	105,858	175,158	116,839	191,560	130,331
N. Mariana Islands	926	463	1,099	550	1,172	586
Ohio	2,363,544	1,411,543	2,759,010	1,608,005	3,218,123	1,923,829
Oklahoma	593,235	377,747	648,568	431,871	718,533	492,835
Oregon	364,516	227,456	447,411	280,197	541,418	341,561
Pennsylvania	2,543,969	1,462,297	2,759,729	1,588,193	3,017,771	1,720,660
Puerto Rico	280,056	63,982	142,316	71,158	120,696	60,347
Rhode Island	333,756	183,248	347,885	209,661	443,167	244,582
South Carolina	472,300	347,525	576,474	421,647	835,031	610,863
South Dakota	125,984	90,066	144,493	104,024	169,363	121,700
Tennessee	1,003,877	709,441	1,137,974	798,790	1,373,886	956,892
Texas	2,017,215	1,152,794	2,263,527	1,342,861	3,068,485	1,885,491
Utah	197,972	145,059	216,158	159,828	268,749	200,901
Vermont	114,366	75,745	133,113	85,597	156,064	97,754
Virginia	776,332	399,381	847,110	434,849	1,034,449	519,473
Virgin Islands	4,394	2,111	4,397	2,198	3,112	1,557
Washington	932,412	498,705	1,011,973	540,240	1,213,399	657,602
West Virginia	314,147	235,163	346,049	263,551	400,089	306,672
Wisconsin	1,139,002	673,809	1,265,719	753,494	1,472,120	875,433
Wyoming	46,720	27,329	55,160	34,751	66,639	44,378

NOTES: Fiscal year data. Data for 1988 and 1989 were extracted from Line 11, Net Reported Expenditures, Form HCFA-64. Net Adjusted Federal Share includes HCFA adjustments. Data for 1990 were extracted from Form HCFA-25, Medicaid Program Budget Report, State estimates submitted November 1990.

SOURCE: HCFA/MB

March 1991

Medicare Enrollment/State

	July 1, 1989			July 1, 1989			Enrollees as Percent of Population	Enrollees as Percent of Population	
	Resident Population in thousands	Medicare Enrollees in thousands	NA	Resident Population in thousands	Medicare Enrollees in thousands	NA			
All Areas		133,579	NA						
United States, Territories, and Possessions									
	248,239	33,315							
United States	248,239	33,315							
Alabama	4,118	573							
Alaska	527	23							
Arizona	3,556	480							
Arkansas	2,406	386							
California	29,063	3,211							
Colorado	3,317	346							
Connecticut	3,239	462							
Delaware	673	86							
District of Columbia	604	78							
Florida	12,671	2,274							
Georgia	6,436	715							
Hawaii	1,112	122							
Idaho	1,014	129							
Illinois	11,658	1,516							
Indiana	5,593	749							
Iowa	2,840	452							
Kansas	2,513	359							
Kentucky	3,727	526							
Louisiana	4,382	522							
Maine	1,222	180							
Maryland	4,694	528							
Massachusetts	5,913	858							
Michigan	9,273	1,209							
Minnesota	4,353	579							
Mississippi	2,621	361							
Missouri	5,159	771							
Montana	806	115							
Nebraska	1,611	235							
Nevada	1,111	130							
New Hampshire	1,107	134							
New Jersey	7,736	1,078							
New Mexico	1,528	173							
New York	17,950	2,492							
North Carolina	6,571	867							
North Dakota	660	98							
Ohio	10,907	1,517							
Oklahoma	3,224	444							
Oregon	2,820	413							
Pennsylvania	12,040	1,926							
Rhode Island	998	157							
South Carolina	3,512	430							
South Dakota	715	109							
Tennessee	4,940	678							
Texas	16,991	1,778							
Utah	1,707	154							
Vermont	567	73							
Virginia	6,098	703							
Washington	4,761	600							
West Virginia	1,857	304							
Wisconsin	4,867	704							
Wyoming	475	50							
Puerto Rico	NA	421							
Virgin Islands	NA	7							
Other Outlying Areas	NA	1							

<sup>1</sup>Includes the United States, its Territories and Possessions, and residents of foreign countries.

<sup>2</sup>Includes enrollees with unknown State of residence.

NOTES: Resident population for July 1, 1989 is a provisional estimate. NA indicates data are not available.

SOURCES: HCFA/BDMS and Bureau of the Census

March 1991



Medicaid Recipients/State

	July 1, 1989 Resident Population in thousands	1989 Medicaid Recipients in thousands	Recipients as Percent of Population	July 1, 1989 Resident Population in thousands	1989 Medicaid Recipients in thousands	Recipients as Percent of Population
All Reporting Medicaid Jurisdictions	244,683	23,511	9.5	Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York North Carolina North Dakota	406 61 109 41 36 533 113 2,253 487 47	7.9 7.6 6.8 3.7 3.3 6.9 7.4 12.6 7.4 7.1
United States	248,239	22,197	8.9	Ohio Oklahoma Oregon Pennsylvania Rhode Island	1,134 253 213 1,101 103	10.4 7.8 7.6 9.1 10.3
Alabama	4,118	321	7.8	South Carolina South Dakota Tennessee Texas Utah	277 45 543 1,185 94	7.9 6.3 11.0 7.0 5.5
Alaska	527	36	6.8	Vermont Virginia Washington West Virginia Wisconsin Wyoming	53 345 427 240 402 31	9.3 5.7 9.0 12.9 8.3 6.5
Arizona <sup>1</sup>	3,556	—	—	Puerto Rico Virgin Islands	1,301 13	NA NA
Arkansas	2,406	242	10.1			
California	29,063	3,326	11.4			
Colorado	3,317	191	5.8			
Connecticut	3,239	228	7.0			
Delaware	673	38	5.6			
District of Columbia	604	98	16.2			
Florida	12,671	876	6.9			
Georgia	6,436	582	9.0			
Hawaii	1,112	93	8.4			
Idaho	1,014	47	4.6			
Illinois	11,658	1,043	8.9			
Indiana	5,593	312	5.6			
Iowa	2,840	225	7.9			
Kansas	2,513	177	7.0			
Kentucky	3,727	431	11.6			
Louisiana	4,382	526	12.0			
Maine	1,222	123	10.1			
Maryland	4,694	321	6.8			
Massachusetts	5,913	582	9.8			
Michigan	9,273	1,117	12.0			
Minnesota	4,353	323	7.4			
Mississippi	2,621	406	15.5			

<sup>1</sup> Arizona operates a medical assistance program under a Section 1115 Demonstration project.

<sup>2</sup> Arizona, Puerto Rico, and Virgin Islands are excluded.

<sup>3</sup> Arizona is included.

NOTES: Resident population for July 1, 1989 is a provisional estimate. Medicaid is fiscal year data. NA indicates data are not available.

SOURCES: HCFA/BDMS and Bureau of the Census

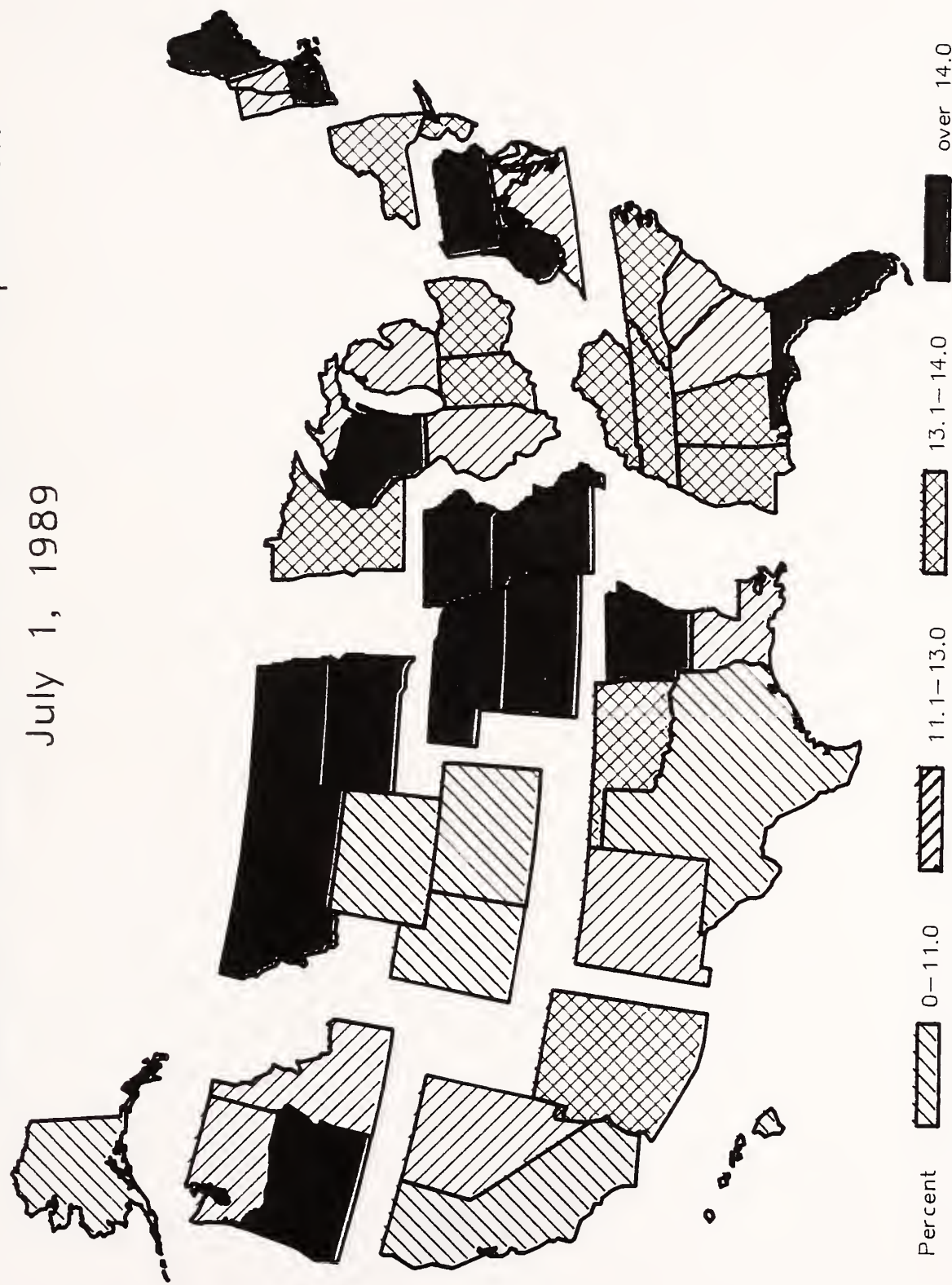
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# Medicare Enrollment as Percent of Population

July 1, 1989

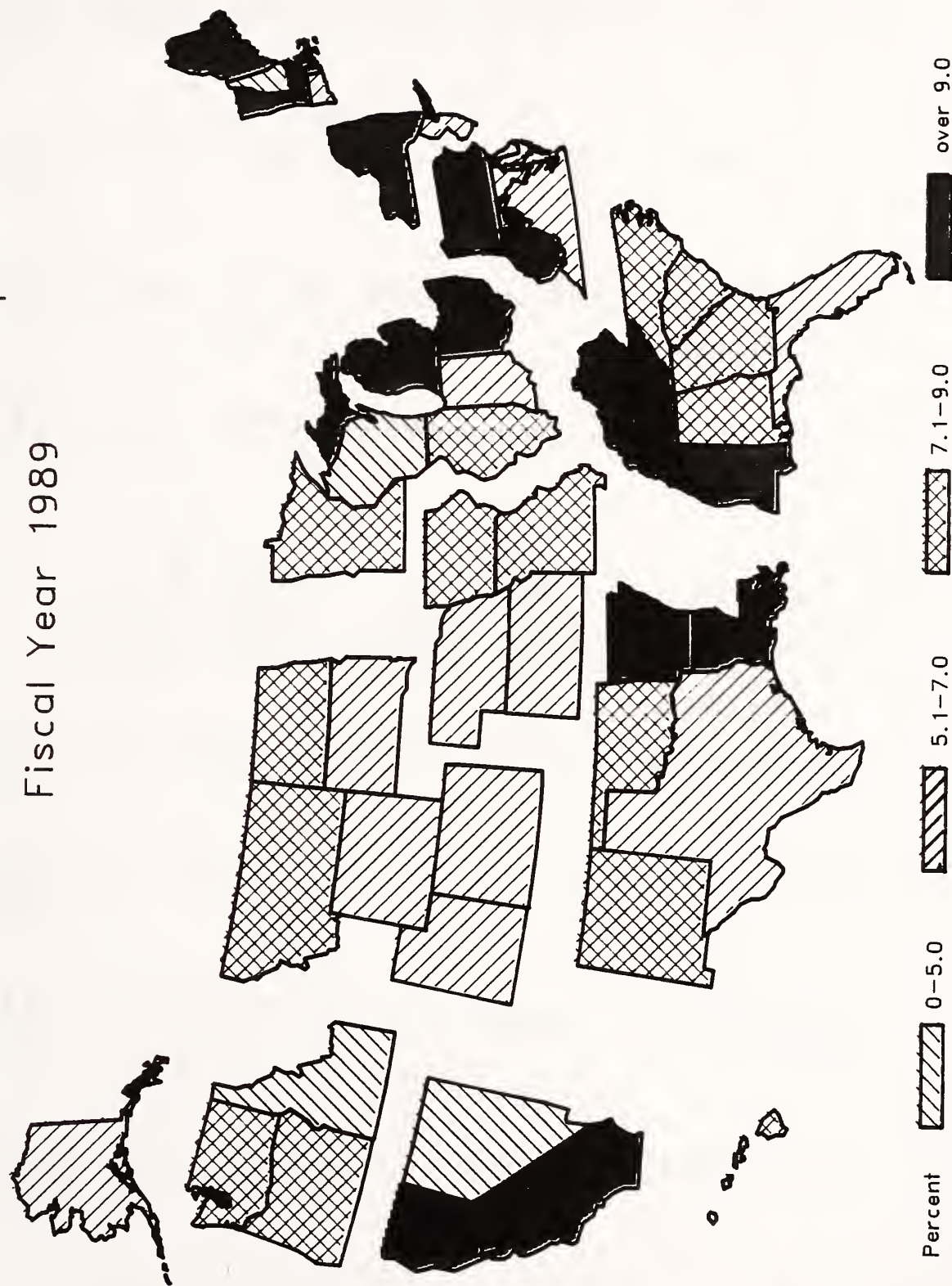


SOURCES: HCFA/BOMS and Bureau of the Census

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# Medicaid Recipients as Percent of Population Fiscal Year 1989



SOURCES: HCFA/BDMS and Bureau of the Census

March 1991



Medicare Persons Served/State, 1988

Area of Residence	Aged			Disabled			Aged			Disabled		
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
All Areas	22,942	768	2,182	704		535	775	50	704			
United States	22,755	777	2,148	717		77	755	7	645			
Alabama	369	748	48	682		162	745	10	679			
Alaska	14	726	2	659		76	687	7	651			
Arizona	323	765	26	664		95	780	7	691			
Arkansas	273	812	31	686		773	788	64	743			
California	2,068	719	206	747		109	724	11	644			
Colorado	214	701	19	651		1,798	797	168	752			
Connecticut	339	800	25	759		594	797	71	723			
Delaware	62	814	6	704		74	823	5	727			
District of Columbia	56	781	5	719		1,083	808	106	704			
Florida	1,624	794	112	722		314	784	25	677			
Georgia	488	803	69	758		258	696	21	671			
Hawaii	63	581	6	674		1,433	821	117	743			
Idaho	93	801	6	639		107	755	9	632			
Illinois	1,027	748	91	715		259	716	37	668			
Indiana	506	763	50	674		80	804	5	683			
Iowa	342	822	24	753		457	779	57	719			
Kansas	258	781	17	690		1,234	778	102	703			
Kentucky	353	789	48	691		107	778	8	688			
Louisiana	350	783	45	673		53	816	5	753			
Maine	136	848	13	762		496	810	55	746			
Maryland	385	814	32	731		413	772	36	721			
Massachusetts	605	775	49	708		201	778	28	669			
Michigan	900	847	96	754		509	803	46	751			
Minnesota	319	601	28	671		34	767	2	654			
Mississippi	243	791	36	725		177	548	33	362			
						3	420	(1)	377			
						7	28	1	46			

<sup>1</sup> Less than 500.

NOTES: Calendar year data are preliminary. Rates are based on July 1, 1988 enrollment data.

SOURCE: HCFA/BDMS

March 1991



National/Community Hospital Care by State, 1989

	Admissions in thousands	Average Stay in days	Occupancy Rate	Outpatient Visits in thousands		Admissions in thousands	Average Stay in days	Occupancy Rate	Outpatient Visits in thousands
United States	31,116	7.2	66.2	285,712	Missouri	746	7.5	62.8	5,866
Alabama	592	7.0	61.3	4,371	Montana	105	9.9	61.4	850
Alaska	39	5.8	48.9	423	Nebraska	186	9.7	56.2	1,620
Arizona	400	5.7	62.2	3,045	Nevada	113	6.3	58.5	818
Arkansas	336	7.0	60.0	1,917	New Hampshire	124	6.8	66.8	1,584
California	3,008	6.3	64.1	29,850	New Jersey	1,116	7.4	79.3	8,455
Colorado	333	6.8	63.8	3,506	New Mexico	154	6.1	58.9	1,716
Connecticut	356	7.7	76.6	4,083	New York	2,336	10.0	85.6	28,338
Delaware	557	6.9	75.8	908	North Carolina	779	7.4	72.6	6,023
District of Columbia	174	7.9	79.8	1,285	North Dakota	98	10.7	63.0	522
Florida	1,613	7.0	61.1	10,524	Ohio	1,529	6.8	64.7	16,322
Georgia	894	6.8	65.2	6,517	Oklahoma	386	6.8	58.0	2,083
Hawaii	95	9.0	83.2	1,781	Oregon	307	5.6	58.2	3,220
Idaho	93	7.0	55.2	981	Pennsylvania	1,780	7.6	71.6	18,674
Illinois	1,490	7.4	63.5	15,369	Rhode Island	124	7.5	79.4	981
Indiana	713	6.7	59.7	7,688	South Carolina	401	7.0	69.0	3,194
Iowa	387	8.3	61.9	4,034	South Dakota	95	9.5	60.8	612
Kansas	306	7.9	55.8	2,931	Tennessee	795	6.9	64.2	4,975
Kentucky	533	6.6	61.3	4,199	Texas	1,975	6.3	56.6	12,556
Louisiana	610	6.4	56.8	5,013	Utah	172	5.5	58.1	2,171
Maine	147	8.1	71.8	1,866	Vermont	58	7.3	65.3	687
Maryland	556	6.9	78.2	4,299	Virginia	705	6.9	66.3	5,410
Massachusetts	800	7.6	75.5	10,141	Washington	478	5.7	61.4	4,666
Michigan	1,100	7.5	66.2	14,877	West Virginia	280	6.8	60.5	2,557
Minnesota	525	8.9	65.5	3,944	Wisconsin	650	6.8	63.1	5,852
Mississippi	392	7.0	57.3	1,906	Wyoming	52	8.2	52.9	501

SOURCE: 1989 annual survey data as reported in American Hospital Association's Hospital Statistics, 1990-91 Edition.

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Medicare/Inpatient Hospitals by State, 1990

	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees	Short- Stay Hospitals	Beds per 1,000 Enrollees	Long- Stay Facilities	Beds per 1,000 Enrollees
All Areas	5,549	32.8	971	4.5	Missouri	137	25	37.5
United States	5,491	32.8	968	4.6	Montana	59	3	31.7
					Nebraska	93	7	34.5
Alabama	117	39.6	12	2.1	Nevada	26	6	27.2
Alaska	21	68.7	3	14.4	New Hampshire	27	5	26.9
Arizona	69	25.4	18	4.3	New Jersey	92	23	30.6
Arkansas	83	32.5	14	3.7	New Mexico	43	14	29.9
California	463	30.8	86	3.0	New York	253	46	31.6
					North Carolina	132	20	32.4
Colorado	71	34.6	21	9.8	North Dakota	54	3	44.0
Connecticut	36	26.2	18	7.9	Ohio	186	32	37.0
Delaware	7	28.2	3	2.3	Oklahoma	127	19	37.3
District of Columbia	11	65.9	3	12.7	Oregon	68	6	22.6
Florida	220	26.1	65	2.4	Pennsylvania	227	55	24.1
					Rhode Island	12	5	23.7
Georgia	167	42.6	28	5.6	South Carolina	70	11	33.8
Hawaii	22	21.0	4	3.9	South Dakota	59	3	35.0
Idaho	44	23.9	7	2.9	Tennessee	137	18	45.1
Illinois	210	37.8	24	1.9	Texas	417	86	36.6
Indiana	115	38.2	34	3.4	Utah	39	10	31.6
Iowa	123	33.1	4	1.8	Vermont	16	2	31.4
Kansas	137	38.0	13	5.0	Virginia	98	26	35.2
Kentucky	105	37.2	17	4.4	Washington	98	7	24.5
Louisiana	140	48.9	33	8.5	West Virginia	60	7	35.1
Maine	40	27.4	3	3.0	Wisconsin	131	23	31.7
					Wyoming	27	3	38.9
Maryland	51	28.5	17	9.1	Puerto Rico	54	3	30.2
Massachusetts	106	29.8	43	9.3	Other Outlying Areas	4	0	73.0
Michigan	180	32.6	17	2.5				
Minnesota	156	34.0	10	4.0				
Mississippi	109	42.2	6	1.4				

NOTES: Facility data as of July 1, 1990. Aged enrollment data as of July 1, 1989.

SOURCES: HCFA/ORD/BDMS

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Medicare Skilled Nursing Facilities and Certified Beds by State, 1990

	Facilities	Beds		Facilities	Beds
All Areas	8,937	508,585	Missouri	259	6,810
United States	8,928	508,170	Montana	90	3,795
Alabama	199	8,138	Nebraska	44	1,628
Alaska	7	443	Nevada	31	1,066
Arizona	126	2,731	New Hampshire	18	385
Arkansas	49	1,509			
California	1,121	58,591	New Jersey	208	17,164
			New Mexico	23	432
Colorado	137	3,666	New York	579	80,200
Connecticut	182	18,161	North Carolina	243	11,162
Delaware	30	1,883	North Dakota	61	4,774
District of Columbia	9	457	Ohio	516	38,885
Florida	475	18,746	Oklahoma	37	669
			Oregon	106	2,439
Georgia	215	7,829	Pennsylvania	595	42,020
Hawaii	29	1,793	Rhode Island	69	2,411
Idaho	70	2,655			
Illinois	392	10,158	South Carolina	122	8,877
Indiana	251	8,982	South Dakota	18	436
			Tennessee	139	6,176
Iowa	54	1,423	Texas	378	13,229
Kansas	78	1,643	Utah	58	1,144
Kentucky	112	4,023			
Louisiana	88	5,426	Vermont	22	738
Maine	23	556	Virginia	117	2,994
			Washington	173	4,129
Maryland	162	14,524	West Virginia	60	3,404
Massachusetts	194	10,639	Wisconsin	204	10,295
Michigan	317	22,298	Wyoming	23	545
Minnesota	371	34,854			
Mississippi	44	1,235	U.S. Territories and Possessions	9	415

NOTE: Facility data as of July 1990.

SOURCES: HCFA/ORD/BDMS

March 1991



SNFs Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State, 1990

	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded	Title 19 Only SNFs	Intermediate Care Facilities	Institutions for Mentally Retarded
United States	1,475	5,226	5,343			
Alabama				87	108	41
Alaska	2	10	8	2	7	3
Arizona	4	4	6	23	167	4
Arkansas	0	4	6	0	2	3
California	131	72	22	0	58	11
	139	35	382			
Colorado				84	16	11
Connecticut	37	24	9	0	47	31
Delaware	30	28	131	3	35	905
District of Columbia	2	7	14	0	45	136
Florida	0	5	72	0	22	65
	56	4	69			
Georgia				0	481	336
Hawaii	102	27	11	1	372	26
Idaho	1	12	19	4	66	7
Illinois	0	0	32	25	52	206
Indiana	140	255	211	0	31	118
	14	318	492			
Iowa	2	406	43	3	17	122
Kansas	26	307	50	52	47	17
Kentucky	0	140	9	0	149	14
Louisiana	0	240	318	0	731	363
Maine	1	122	44	0	31	14
Maryland	0	51	8	2	27	11
Massachusetts	97	183	75	0	116	23
Michigan	6	116	353	88	23	35
Minnesota	1	89	349	0	63	45
Mississippi	103	18	12	201	29	49
				6	7	2
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						

NOTE: Facility data as of July 1990.

SOURCES: HCFA/ORD/BDMS

March 1991

Community Hospitals by State, 1989

	Hospitals	Beds	Beds per 1,000 Resident Population	Hospitals	Beds	Beds per 1,000 Resident Population
United States	5,455	933,318	3.8			
Alabama	121	18,637	4.5	Missouri	136	24,397
Alaska	17	1,263	2.4	Montana	56	4,595
Arizona	62	10,106	2.8	Nebraska	91	8,816
Arkansas	87	10,694	4.4	Nevada	22	3,331
California	459	81,595	2.8	New Hampshire	28	3,474
Colorado	71	9,706	2.9	New Jersey	93	28,445
Connecticut	36	9,771	3.0	New Mexico	39	4,339
Delaware	8	2,018	3.0	New York	239	74,749
District of Columbia	12	4,693	7.8	North Carolina	125	21,734
Florida	229	50,334	4.0	North Dakota	51	4,570
Georgia	165	25,703	4.0	Ohio	191	44,123
Hawaii	18	2,838	2.6	Oklahoma	113	12,443
Idaho	43	3,191	3.1	Oregon	71	8,072
Illinois	213	47,584	4.1	Pennsylvania	238	52,089
Indiana	112	21,995	3.9	Rhode Island	12	3,211
Iowa	125	14,311	5.0	South Carolina	70	11,106
Kansas	137	11,884	4.7	South Dakota	53	4,071
Kentucky	108	15,784	4.2	Tennessee	134	23,543
Louisiana	142	18,894	4.3	Texas	433	60,019
Maine	39	4,515	3.7	Utah	42	4,457
Maryland	52	13,413	2.9	Vermont	16	1,760
Massachusetts	103	22,217	3.8	Virginia	98	20,114
Michigan	176	34,036	3.7	Washington	96	12,237
Minnesota	154	19,544	4.5	West Virginia	58	8,655
Mississippi	104	13,026	5.0	Wisconsin	130	19,041
				Wyoming	27	2,175

SOURCE: 1989 annual survey data as reported in American Hospital Association's Hospital Statistics, 1990-91 Edition.

March 1991

Medicare Part B Participating Physicians/LLP's and Suppliers by State

	January 1987 Percent	April 1988 Percent	January 1989 Percent	April 1990 Percent
Alabama	59.5	63.9	66.4	66.7
Physicians/LLP's	68.8	73.5	75.9	74.6
Suppliers	25.8	30.1	32.6	33.7
Alaska	25.1	34.7	36.2	45.6
Physicians/LLP's	27.1	37.5	38.8	48.0
Suppliers	9.1	11.7	12.0	20.2
Arizona	27.0	36.7	38.9	50.9
Physicians/LLP's	28.1	38.7	41.2	53.5
Suppliers	15.2	18.2	17.9	18.6
Arkansas	39.5	47.1	49.2	50.3
Physicians/LLP's	42.0	50.9	53.1	53.9
Suppliers	27.0	28.3	30.0	18.6
California	37.5	46.1	50.9	54.3
Physicians/LLP's	38.9	48.5	54.0	57.7
Suppliers	20.7	27.2	28.0	30.7
Colorado	19.5	23.5	26.6	32.0
Physicians/LLP's	19.5	24.9	28.1	33.9
Suppliers	19.2	15.6	18.9	20.4
Connecticut	17.8	23.0	28.8	32.0
Physicians/LLP's	17.4	22.8	29.3	32.8
Suppliers	21.3	25.2	25.0	25.1
Delaware	27.4	33.8	34.2	39.3
Physicians/LLP's	31.2	37.4	37.5	42.5
Suppliers	9.0	14.6	16.1	20.6
District of Columbia	26.4	31.8	32.6	35.9
Physicians/LLP's	28.0	33.5	34.4	37.9
Suppliers	12.0	14.9	15.0	15.1
Florida	21.1	25.4	26.9	28.2
Physicians/LLP's	24.9	30.6	32.8	34.4
Suppliers	9.6	10.9	11.0	11.8
Georgia	26.7	32.8	48.7	46.4
Physicians/LLP's	25.8	32.5	49.7	49.5
Suppliers	32.0	34.3	35.1	22.0
Hawaii	44.6	50.8	50.9	53.5
Physicians/LLP's	47.8	53.7	53.7	56.8
Suppliers	10.2	15.7	15.6	15.5
Idaho	8.8	14.0	15.0	15.8
Physicians/LLP's	10.4	14.9	16.0	17.3
Suppliers	2.0	10.4	11.1	10.4

Medicare Part B Participating Physicians/LLP's and Suppliers by State - continued

	January 1987 Percent	April 1988 Percent	January 1989 Percent	April 1990 Percent
Illinois	25.1	33.8	36.8	39.0
Physicians/LLP's	26.7	36.4	40.0	42.3
Suppliers	15.1	16.8	17.6	20.1
Indiana	24.9	33.7	36.4	38.6
Physicians/LLP's	26.9	36.8	40.0	42.6
Suppliers	14.6	17.8	18.9	20.0
Iowa	24.7	42.4	43.9	46.6
Physicians/LLP's	25.1	43.7	45.3	48.1
Suppliers	23.5	36.8	37.8	39.7
Kansas	47.9	53.3	54.4	50.3
Physicians/LLP's	51.4	60.0	61.6	57.1
Suppliers	26.6	25.8	27.5	29.1
Kentucky	32.9	39.5	43.2	48.3
Physicians/LLP's	34.2	46.4	50.5	56.4
Suppliers	24.8	13.6	14.7	16.9
Louisiana	18.2	29.3	32.4	34.4
Physicians/LLP's	18.1	29.5	32.6	34.6
Suppliers	19.6	27.3	30.8	33.4
Maine	32.6	39.5	47.5	45.4
Physicians/LLP's	34.2	42.4	51.2	48.7
Suppliers	25.1	26.7	31.4	29.9
Maryland	28.8	36.6	40.7	44.1
Physicians/LLP's	30.1	38.5	42.8	45.9
Suppliers	20.1	22.8	25.6	29.1
Massachusetts	41.9	43.4	44.3	47.6
Physicians/LLP's	43.8	45.9	46.9	50.5
Suppliers	29.4	27.0	27.6	28.1
Michigan	31.1	36.5	39.7	42.5
Physicians/LLP's	32.7	38.3	41.7	44.7
Suppliers	19.7	23.3	24.7	26.1
Minnesota	21.5	23.9	24.1	26.1
Physicians/LLP's	22.4	25.4	25.4	27.5
Suppliers	16.8	16.0	17.3	18.2
Mississippi	21.4	28.5	31.1	34.7
Physicians/LLP's	23.6	30.1	33.4	38.0
Suppliers	14.4	23.8	23.8	24.1
Missouri	23.6	27.9	36.8	42.3
Physicians/LLP's	24.5	29.5	39.6	45.7
Suppliers	14.9	16.0	21.2	21.7

Medicare Part B Participating Physicians/LLP's and Suppliers by State - continued

	January 1987 Percent	April 1988 Percent	January 1989 Percent	April 1990 Percent
Montana	15.5	17.5	18.9	20.9
Physicians/LLP's	17.0	19.9	21.5	23.4
Suppliers	11.3	10.8	11.9	14.5
Nebraska	24.5	40.6	35.9	42.9
Physicians/LLP's	25.7	48.2	42.5	49.2
Suppliers	22.0	23.8	21.4	23.3
Nevada	32.0	43.6	53.1	65.9
Physicians/LLP's	33.5	46.0	57.0	69.8
Suppliers	15.7	20.2	22.3	24.5
New Hampshire	25.4	27.7	27.3	30.3
Physicians/LLP's	25.9	28.4	28.0	30.9
Suppliers	23.0	24.1	23.9	26.7
New Jersey	22.1	27.1	25.4	27.0
Physicians/LLP's	22.7	28.2	26.0	21.6
Suppliers	18.9	21.6	21.3	21.7
New Mexico	20.9	23.7	32.0	40.9
Physicians/LLP's	20.8	25.9	36.3	45.6
Suppliers	21.4	14.0	11.9	12.5
New York	24.5	28.1	29.4	29.7
Physicians/LLP's	24.1	28.4	29.8	30.4
Suppliers	28.4	25.0	24.3	20.5
North Carolina	28.3	36.1	48.7	47.9
Physicians/LLP's	31.4	40.7	54.2	52.9
Suppliers	12.8	13.2	20.0	14.3
North Dakota	17.6	26.6	27.2	35.1
Physicians/LLP's	20.5	30.8	31.7	42.2
Suppliers	11.4	16.2	16.2	16.3
Ohio	27.5	38.4	42.7	45.8
Physicians/LLP's	28.9	41.8	46.8	50.8
Suppliers	19.2	18.7	19.8	19.7
Oklahoma	17.9	24.2	27.4	31.6
Physicians/LLP's	20.8	27.9	31.6	36.4
Suppliers	7.4	11.2	11.6	12.8
Oregon	24.4	30.6	34.3	39.5
Physicians/LLP's	26.1	32.8	36.9	41.7
Suppliers	13.8	15.5	15.6	17.5
Pennsylvania	35.6	34.9	37.1	40.0
Physicians/LLP's	32.1	36.6	39.0	42.1
Suppliers	19.5	23.2	23.7	24.9

Medicare Part B Participating Physicians/LLP's and Suppliers by State - continued

	January 1987 Percent	April 1988 Percent	January 1989 Percent	April 1990 Percent
Rhode Island	45.1	48.8	52.9	60.4
Physicians/LLP's	50.8	55.0	58.8	67.0
Suppliers	15.5	15.5	18.5	18.9
South Carolina	22.7	36.1	40.2	51.2
Physicians/LLP's	25.3	37.6	42.1	55.5
Suppliers	11.0	22.4	22.7	21.3
South Dakota	12.2	16.3	17.7	18.0
Physicians/LLP's	12.7	17.6	20.0	19.6
Suppliers	11.3	13.9	13.4	14.8
Tennessee	39.4	48.8	51.8	52.9
Physicians/LLP's	43.4	54.9	57.6	58.4
Suppliers	20.7	20.6	23.0	22.9
Texas	18.3	24.3	26.9	34.2
Physicians/LLP's	19.4	26.0	28.9	36.4
Suppliers	10.3	12.7	13.9	19.4
Utah	39.8	48.7	51.5	58.8
Physicians/LLP's	42.2	50.4	54.7	65.1
Suppliers	23.8	26.4	27.0	21.7
Vermont	33.6	37.6	39.4	42.3
Physicians/LLP's	34.1	38.5	40.5	43.8
Suppliers	29.4	30.7	31.1	31.0
Virginia	32.4	37.2	38.8	43.2
Physicians/LLP's	33.6	39.1	40.9	46.0
Suppliers	22.6	21.7	21.5	19.9
Washington	27.0	33.2	29.0	32.1
Physicians/LLP's	26.9	35.4	31.4	34.7
Suppliers	27.7	18.8	15.1	14.8
West Virginia	35.0	48.1	53.3	56.3
Physicians/LLP's	37.5	53.2	59.1	63.2
Suppliers	23.7	24.7	26.8	26.0
Wisconsin	35.8	38.6	39.0	42.9
Physicians/LLP's	35.1	39.0	40.0	46.5
Suppliers	38.0	37.5	35.9	33.2
Wyoming	18.1	18.1	17.6	30.4
Physicians/LLP's	20.3	20.1	19.3	34.6
Suppliers	11.3	12.6	12.4	14.3

NOTE: LLP's are Limited License Practitioners.

SOURCE: HCFA/BPO

March 1991



Medicare Part B/Assignment Rate by Carrier  
Fiscal Year 1990

Carrier	Assignment Rate	Carrier	Assignment Rate
<b>All Regions</b>	<b>80.9</b>		
<b>Boston Region</b>	<b>91.4</b>	<b>Dallas Region</b>	<b>77.5</b>
Connecticut-Travelers	83.8	Arkansas B/S	86.2
Massachusetts B/S		Louisiana-Arkansas B/S	82.2
Massachusetts	98.1	New Mexico-Aetna	76.0
Tri-State	81.6	Oklahoma-Aetna	67.7
Maine	89.0	Texas B/S	76.6
New Hampshire	68.0		
Vermont	89.8	<b>Kansas City Region</b>	<b>72.4</b>
Rhode Island B/S	95.9	Iowa B/S	66.0
		Kansas B/S	85.3
<b>New York Region</b>	<b>82.9</b>	Nebraska-Kansas B/S <sup>1</sup>	63.5
New York-Binghamton B/S	83.5	Missouri-Kansas City B/S	85.3
New York-Empire B/S	80.6	Missouri-General American	68.4
New York-Group Health	84.9		
Puerto Rico B/S	93.2	<b>Denver Region</b>	<b>65.2</b>
Puerto Rico	93.2	Colorado B/S	71.0
Virgin Islands	55.6	Montana B/S	55.4
		North Dakota B/S	56.0
<b>Philadelphia Region</b>	<b>86.3</b>	North Dakota	61.0
Maryland B/S	88.7	South Dakota	51.2
New Jersey-Pennsylvania B/S	72.1	Utah B/S	75.7
Pennsylvania B/S	92.6	Wyoming-Equicor, Inc.	52.4
Delaware	86.4	Wyoming-North Dakota B/S <sup>2</sup>	53.1
District of Columbia	87.0		
Pennsylvania	93.4	<b>San Francisco Region</b>	<b>83.0</b>
Pennsylvania-Lab.	100.0	Arizona-Nevada-Aetna	80.0
Virginia-Travelers	82.9	Arizona	76.8
		Nevada	92.8
<b>Atlanta Region</b>	<b>82.2</b>	California B/S	79.0
Alabama B/S	90.4	California-Occidental (Non-P&E)	87.6
Florida B/S	81.8	California-Occidental (P&E)	99.1
Georgia-Aetna	81.4	Hawaii-Aetna	83.4
Kentucky B/S	83.9		
Mississippi-Travelers	83.8	<b>Seattle Region</b>	<b>61.9</b>
North Carolina-Equicor	79.9	Alaska-Oregon-Aetna	63.9
South Carolina B/S (Non-P&E)	77.5	Alaska	82.2
South Carolina B/S (P&E)	99.3	Oregon	63.0
Tennessee-Equicor, Inc.	80.2	Idaho-Equicor, Inc.	44.3
		Washington B/S	63.7
<b>Chicago Region</b>	<b>78.9</b>		
Illinois B/S (HCSC)	73.6	RRB-Travelers	77.3
Indiana B/S	74.1		
Michigan B/S	92.7	Aetna	75.9
Minnesota B/S	50.0	Equicor, Inc.	77.8
Minnesota-Travelers	64.4	Travelers (RRB excluded)	81.0
Nationwide	81.5		
Ohio	80.1		
West Virginia	90.2		
Wisconsin B/S	68.3		

<sup>1</sup>Nebraska taken over by Nebraska/Kansas B/S in fiscal year 1990.

<sup>2</sup>Wyoming North Dakota B/S replaced Wyoming-Equicor, Inc., May 1990.





## X. REFERENCE

Selected reference material including contribution rates, taxable earning ceilings, cost-sharing provisions and Medicaid Federal matching percentages.



## Financing of Medicare Programs

### Source of Income

#### HI Trust Fund

1. Payroll taxes \*
2. Transfers from railroad retirement account
3. General revenue for
  - a. uninsured persons
  - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

\* Contribution rate  
Employees and employers, each 1.45%  
Self employed 2.90%

Maximum taxable amount (CY 1991) \$125,000

#### Voluntary HI Premium

Monthly Premium (1991) : \$177

#### SMI Trust Fund

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

#### Part B Premium

Monthly Basic Premium (1991) : \$29.90

SOURCE: HCFA/OACT

March 1991

Financing of Medicaid Programs  
Fiscal Year 1992

Federal Contributions:

	Percent
1. Medical Vendor Payments	50-80
2. Family Planning Services	90
3. Administrative Costs	50
4. Development of Management Information Systems	90
5. Operation of Management Information Systems	75
6. Skilled Nursing Facility Inspectors	
a. Salaries, Travel, and Training	75
b. All Other Costs	50
7. Skilled Professional Medical Personnel	75
8. State Medicaid Fraud and Abuse Units	75
9. PRO Performance Review	75
10. Systematic Alien Verification for Entitlements System	100
11. Nurse's Aide Training and Competency Evaluation <sup>1</sup>	
a. July 1, 1988 through September 30, 1990	75-90
b. After September 30, 1990	50
12. Preadmission Screening and Annual Resident Review	75
13. Indian Health Services	100

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<sup>1</sup>OBRA '90 changed the time period for ending the enhanced match for nurse's aide training by adding three months. The match goes to 50 percent after September 30, 1990.

SOURCE: HCFA/MB

March 1991

Medicare/Cost Sharing and Premium Amounts

	Hospital Insurance					Supplementary Medical Insurance				
	Hospital Insurance Covers All Expenses									
	in "benefit period" Except -									
	Inpatient Hospital									
	Daily Coinsurance									
	Inpatient Hospital Deductible (IHD) Covers First 60 Days	61st Through 90th Days	Lifetime Reserve Days after 90 Days	Skilled Nursing Facility Daily Coinsurance after 20 Days	Hospital Insurance Monthly Premium <sup>1</sup> July	Annual Deductible	Coinsurance	For Enrollee (aged and disabled) <sup>2</sup>	Monthly Premiums	
		(1/4 x IHD)	(1/2 x IHD)	(1/8 x IHD)					Aged	Disabled
Beginning January unless otherwise noted										
July 1966	\$40	\$10	(3)	(3)	--	\$50	20%	\$ 3.00	\$ 3.00	--
1967	—	—	(3)	\$5.00	--	--	--	--	--	--
1968	—	—	\$20	—	—	—	(4)	4.00	4.00	—
April 1968	—	—	—	—	—	—	—	—	—	—
1969	44	11	22	5.50	—	—	—	—	—	—
1970	52	13	26	6.50	—	—	—	5.30	5.30	—
1971	60	15	30	7.50	—	—	—	5.60	5.60	—
1972	68	17	34	8.50	—	—	—	5.80	5.80	—
1973	72	18	36	9.00	\$33	\$60	(5) (6)	6.30	6.30	\$22.70
1974	84	21	42	10.50	36	—	—	6.70	6.70	29.30
1975	92	23	46	11.50	40	—	—	—	8.30	30.30
1976	104	26	52	13.00	45	—	—	7.20	14.20	30.80
1977	124	31	62	15.50	54	—	—	7.70	16.90	42.30
1978	144	36	72	18.00	63	—	—	8.20	18.60	41.80
1979	160	40	80	20.00	69	—	—	8.70	18.10	41.30
1980	180	45	90	22.50	78	—	—	9.60	23.00	41.40
1981	204	51	102	25.50	89	(8) (9)	(9)	11.00	34.20	62.20
1982	260	65	130	32.50	113	\$75	(10)	12.20	37.00	72.00
1983	304	76	152	38.00	(11)	--	--	--	41.80	80.00
1984	356	89	178	44.50	\$155	--	--	\$14.60	\$43.80	\$94.00

Medicare/Cost Sharing and Premium Amounts (continued)

Hospital Insurance									
Hospital Insurance Covers All Expenses in "benefit period" Except -					Supplementary Medical Insurance				
Inpatient Hospital Daily Coinsurance									
Inpatient Hospital Deductible (IHD)	61st Through 90th Days	Lifetime Reserve Days after 90 Days	Skilled Nursing Facility Daily Coinsurance after 20 Days	Hospital Insurance Monthly Premium <sup>1</sup>	Annual Deductible	Coinsurance	For Enrollee (aged and disabled) <sup>2</sup>	Government Amounts Aged	Disabled
60 Days	(1/4 x IHD)	(1/2 x IHD)	(1/8 x IHD)	July	Beginning July unless otherwise noted				
Beginning January unless otherwise noted									
1985	400	100	200	50.00	174	--	15.50	46.50	89.90
1986	492	123	246	61.50	214	--	15.50	46.50	66.10
1987	520	130	260	65.00	226	--	17.90	53.70	88.10
1988	540	135	270	67.50	234	--	24.80	74.40	72.40
1989	<sup>12</sup> 560	<sup>12</sup> 0	<sup>12</sup> 0	<sup>12</sup> 25.50	156	--	31.90	83.70	40.70
1990	592	148	296	74.00	175	--	28.60	85.80	59.60
1991	628	157	314	78.50	177	--	29.90	95.30	82.10

<sup>1</sup>Voluntary participation of individual aged 65 and over not otherwise entitled to hospital insurance.

<sup>2</sup>Beginning July 1973 for the disabled.

<sup>3</sup>Benefit not provided.

<sup>4</sup>Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance.

<sup>5</sup>Beginning in January for current and succeeding years.

<sup>6</sup>Home health services not subject to coinsurance.

<sup>7</sup>Monthly premium for July and August 1973 was reduced to \$5.80 and \$6.10, respectively, by the Cost of Living Council.

<sup>8</sup>Home health services not subject to deductible.

<sup>9</sup>Same as footnote 4, but only when physician accepts assignment.

<sup>10</sup>Effective October 1, 1982, professional inpatient services of pathologists and radiologists are subject to coinsurance and deductible.

<sup>11</sup>The Secretary of HHS promulgated a monthly premium of \$132 for noninsured enrollees for the period beginning July 1983. However, P.L. 98-21 subsequently provided that the monthly premium of \$113 for noninsured enrollees continue to apply until December 31, 1983.

<sup>12</sup>The 1989 deductible was applied on an annual basis, rather than a benefit period. Once the deductible was paid by the beneficiary, Medicare paid the balance of expenses for covered hospital services, regardless of the number of days of hospitalization.

<sup>13</sup>The beneficiary paid this coinsurance amount for the first 8 days of care in 1989, rather than for days of care 21 to 100 as in the other years shown. Skilled nursing facility benefits were available up to 150 days of care per year in 1989, instead of for up to 100 days of care per benefit period as in the other years shown. The coinsurance amount in 1989 was equal to 20 percent of the estimated national average daily cost of covered skilled nursing facility care, rather than 1/8 of the inpatient hospital deductible.

SOURCE: HCFA/OACT

March 1991

Medicare Annual Maximum Taxable Earnings and HI Contribution Rates

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate <sup>1</sup>	
		Employees and employers, each	Self- employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
1991	125,000	1.45	2.90
Changes scheduled in present law:			
1992 and later	Subject to automatic increase	1.45	2.90

<sup>1</sup>Percent of taxable earnings.

SOURCE: HCFA/OACT

March 1991



Title XIX  
Federal Medical Assistance Percentages

	1989	1990	1991	1992	1989	1990	1991	1992
Alabama	73.10	73.21	72.73	72.93	Missouri	59.96	59.18	59.82
Alaska	50.00	50.00	50.00	50.00	Montana	70.62	71.35	71.73
Arizona	62.04	60.99	61.72	62.61	Nebraska	60.37	61.12	62.71
Arkansas	74.14	74.58	75.12	75.66	Nevada	50.00	50.00	50.00
California	50.00	50.00	50.00	50.00	New Hampshire	50.00	50.00	50.00
Colorado	50.00	52.11	53.59	54.79	New Jersey	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	71.54	72.25	73.38
Delaware	52.60	50.00	50.00	50.12	New York	50.00	50.00	50.00
District of Columbia	50.00	50.00	50.00	50.00	North Carolina	68.01	67.46	66.60
Florida	55.18	54.70	54.46	54.69	North Dakota	66.53	67.52	70.00
Georgia	62.78	62.09	61.34	61.78	Ohio	58.98	59.57	59.93
Hawaii	53.99	54.50	54.14	52.57	Oklahoma	66.06	68.29	69.65
Idaho	72.71	73.32	73.65	73.24	Oregon	62.44	62.95	63.50
Illinois	50.00	50.00	50.00	50.00	Pennsylvania	57.42	56.86	56.64
Indiana	63.71	63.76	63.24	63.85	Rhode Island	55.88	55.15	53.74
Iowa	62.95	62.52	63.41	65.04	South Carolina	73.08	73.07	72.58
Kansas	54.93	56.07	57.35	59.23	South Dakota	71.02	70.90	71.69
Kentucky	72.89	72.95	72.96	72.82	Tennessee	70.17	69.64	68.57
Louisiana	71.07	73.12	74.48	75.44	Texas	59.04	61.23	63.53
Maine	66.68	65.20	63.49	62.40	Utah	73.86	74.70	74.89
Maryland	50.00	50.00	50.00	50.00	Vermont	63.92	62.77	61.97
Massachusetts	50.00	50.00	50.00	50.00	Virginia	51.20	50.00	50.00
Michigan	54.75	54.54	54.17	55.41	Washington	53.06	53.88	54.21
Minnesota	53.07	52.74	53.43	54.43	West Virginia	76.14	76.61	77.00
Mississippi	79.80	80.18	79.93	79.99	Wisconsin	59.31	59.28	59.62
					Wyoming	62.61	65.95	68.14
					Territories <sup>1</sup>	50.00	50.00	50.00

<sup>1</sup>Includes American Samoa, Guam, N. Mariana Islands, Puerto Rico, and Virgin Islands. Subject to Federal CAP.

NOTES: Fiscal year data. The Consolidated Omnibus Reconciliation Act of 1985 (P.L. 99-272) requires an annual calculation of the Federal medical assistance percentages, effective for fiscal year 1987 and thereafter.

SOURCE: HCFA/MB

March 1991



# MEDICAID SERVICES STATE BY STATE

October 1, 1990

## Basic Required Medicaid Services

Medicaid recipients receiving federally-supported financial assistance must receive at least these services:

- Inpatient hospital services
- Outpatient hospital services
- Rural health clinic services
- Other laboratory and x-ray services
- Nurse Practitioners' services

- Nursing facility (NF) services and home health services for individuals 21 and older
- Early and periodic screening, diagnosis, and treatment for individuals under 21
- Family planning services and supplies
- Physicians' services
- Nurse-Midwife services

Federal financial participation (FFP) is also available to States electing to expand their Medicaid programs by covering additional services and/or by including people eligible for medical but not for financial assistance. For the latter group, States may offer the services required for financial assistance.

recipients or may substitute a combination of seven services. Although States must assure the availability of necessary transportation, they may seek FFP either as an optional service or as an administrative cost. Definitions and limitations on eligibility and services vary from State to State. Details are

available from local welfare offices and State Medicaid agencies. Services provided only under the Medicare buy-in or the screening and treatment program for individuals under age 21 are not shown on this chart.

## Optional Services in State Medicaid Programs

State	FFP*	Basic Required Services	Optional Services	Private Duty Nursing	Clinic Services	Dental Services	Physical Therapy	Occupational Therapy	Speech, Hearing and Language Disorders	Prescribed Drugs	Dentures	Prosthetic Devices	Ergonomics	Diagnostic Services	Screening Services	Preventive Services	Rehabilitative Services	A. Inpatient Hospital Services	B. NF Services for Individuals Under Age 21	ICF Services for Mentally Retarded	Independent Psychiatric Services for Under Age 21	Christian Science Nurses	Christian Science Seminars	NF Services for Under Age 21	Emergency Hospital Services	Personal Care Services	Transportation Services	Case Management Services	Hospice Care Services	Respite Care Services	Total Additional Services
AL	72.73	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
AK	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
AS	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
AZ	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CA	75.12	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CO	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CT	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DE	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DC	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
FL	54.46	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GA	61.34	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HI	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
IL	54.14	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
IN	73.65	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
IA	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
KS	63.24	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
KY	63.41	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LA	72.95	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ME	74.46	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MD	63.49	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MA	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MI	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MN	54.17	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MO	52.43	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MS	79.93	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MT	58.62	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NE	71.73	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NH	62.71	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NJ	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NM	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NC	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ND	66.60	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RI	70.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SC	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SD	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TX	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
UT	71.66	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
VA	68.97	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
VT	63.53	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
WA	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
WI	50.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
WY	54.21	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ZZ	77.00	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
AA	59.62	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BB	68.14	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CC	16	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DD	40	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
EE	56	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
FF	56	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

\* Arizona operates a federal assistance program under a Section 1115 Demonstration Project.

† All services are provided through public health facilities.

‡ Services indicated as available to the Medicaid program are not available to all Medicaid beneficiaries.

§ IADHS: Institutions for Mental Diseases.

\* Federal Financial Participation (FFP) Rate of Federal Financial Participation in a State's Medicaid Program under the Social Security Act, Effective October 1, 1990 through September 30, 1991 (Fiscal Year 1991).

† Categorically needy individuals are eligible for medical but not for financial assistance.

‡ Medicaid recipients who are eligible for medical but not for financial assistance.

§ American Samoa and the Northern Mariana Islands are not included in this chart.

# STATE MEDICAID PROGRAM CHANGES

<b>ALABAMA</b> Added:	Other Practitioners' Services for CN Hospice Care Services for CN	<b>MARYLAND</b> Added:	Other Practitioners' Services for CN and MN Private Duty Nursing for CN and MN NF Services for 65 or Older in IMDs for CN Hospice Care Services for CN and MN	<b>PENNSYLVANIA</b> Added:	Dental Services for MN Respiratory Care Services for CN
Deleted:	Physical Therapy for CN			Deleted:	Dentures for MN Emergency Hospital Services for CN and MN
<b>ALASKA</b> Added:	Prescribed Drugs for CN Case Management Services for CN Hospice Care Services for CN	<b>MASSACHUSETTS</b> Deleted:	Christian Science Nurses for CN and MN Christian Science Sanatoriums for CN and MN	<b>SOUTH CAROLINA</b> Added:	Personal Care Services for CN Case Management Services for CN
Deleted:	Inpatient Hospital Services for age 65 or Older in IMDs for CN	<b>MINNESOTA</b> Added:	Hospice Care Services for CN and MN	Deleted:	Private Duty Nursing for CN
<b>AMERICAN SAMOA</b> Added:	Transportation Services for CN and MN	<b>MISSISSIPPI</b> Added:	Physical Therapy for CN Occupational Therapy for CN Speech, Hearing and Language Disorders for CN Diagnostic Services for CN Screening Services for CN	<b>SOUTH DAKOTA</b> Added:	Podiatrists' Services for CN Case Management Services for CN
<b>ARIZONA</b> Added:	Other Practitioners' Services for CN	Deleted:	Optometrists' Services for CN	<b>TEXAS</b> Added:	Physical Therapy for CN and MN Diagnostic Services for CN and MN Respiratory Care Services for CN and MN
<b>ARKANSAS</b> Deleted:	Inpatient Hospital Services for Age 65 or Older in IMDs for MN	<b>NEVADA</b> Added:	Case Management Services for CN	<b>UTAH</b> Added:	ICF for Mentally Retarded for MN
<b>CALIFORNIA</b> Added:	Diagnostic Services for CN and MN Screening Services for CN and MN Preventive Services for CN and MN	<b>NEW HAMPSHIRE</b> Added:	Inpatient Psychiatric Services for under age 21 for CN and MN	<b>VERMONT</b> Added:	Private Duty Nursing for CN and MN
<b>CONNECTICUT</b> Added:	Case Management Services for CN and MN	Deleted:	Christian Science Nurses for CN and MN Christian Science Sanatoriums for CN and MN	<b>VIRGINIA</b> Added:	Prosthetic Devices for CN and MN NF for under age 21 for MN Hospice Care Services for CN and MN
Deleted:	Private Duty Nursing for CN and MN	<b>NEW MEXICO</b> Added:	Case Management Services for CN Hospice Care Services for CN	<b>WASHINGTON</b> Added:	Personal Care Services for CN Hospice Care Services for CN
<b>DELAWARE</b> Added:	Eyeglasses for CN	<b>NEW YORK</b> Deleted:	Respiratory Care Services for CN and MN	Deleted:	Chiropractors' Services for CN
<b>HAWAII</b> Added:	Respiratory Care Services for CN and MN	<b>NORTH CAROLINA</b> Added:	Other Practitioners' Services for CN and MN NF Services for Age 65 or Older in IMDs for CN and MN Case Management Services for CN and MN	<b>WISCONSIN</b> Added:	Podiatrists' Services for CN and MN Case Management Services for CN and MN Respiratory Care Services for CN and MN
<b>IDAHO</b> Added:	NF Services for 65 or Older in IMDs for CN Case Management Services for CN	<b>NORTH DAKOTA</b> Added:	Case Management Services for CN and MN	<b>WYOMING</b> Added:	Dental Services for CN Eyeglasses for CN ICF for Mentally Retarded for CN
<b>ILLINOIS</b> Deleted:	Other Practitioners' Services for CN and MN	<b>OHIO</b> Deleted:	ICF for Mentally Retarded for CN		
<b>IOWA</b> Added:	Rehabilitative Services for MN Hospice Care Services for CN and MN	<b>OKLAHOMA</b> Deleted:	Prosthetic Devices for MN Eyeglasses for MN		
Deleted:	Personal Care Services for CN	<b>OREGON</b> Added:	Case Management Services for CN and MN		
<b>KANSAS</b> Added:	NF Services for 65 or Older in IMDs for CN and MN				
<b>LOUISIANA</b> Deleted:	Private Duty Nursing for CN and MN				

CN—Categorically Needy  
MN—Medically Needy

## A Survey of Medicare Beneficiary Satisfaction 1989

- o Overall, beneficiaries appear very satisfied with Medicare.

Eighty-five percent can get information about their benefits when they need it.

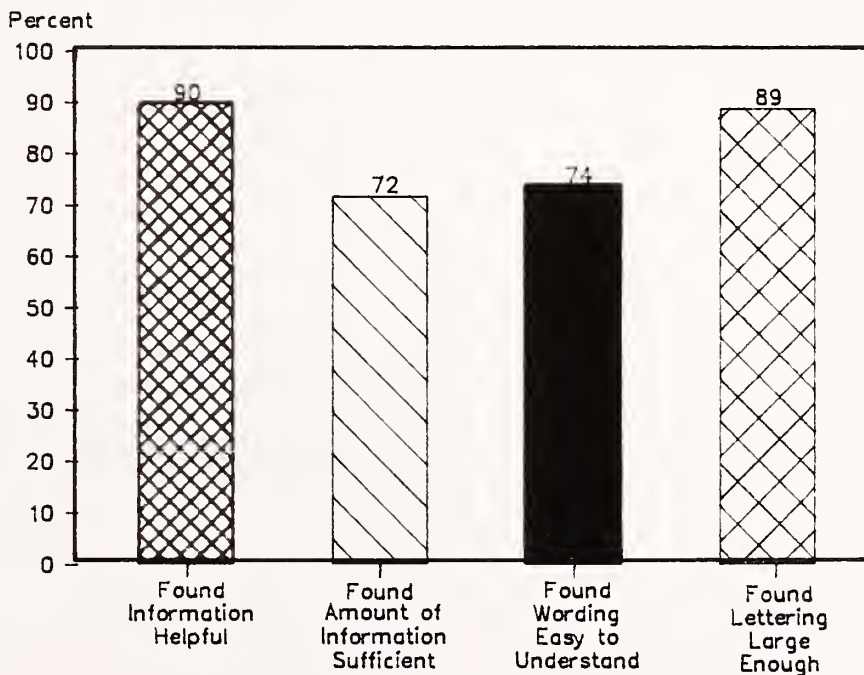
Ninety percent find the information they receive about Medicare to be helpful.

Seventy-four percent think claims are paid quickly enough.

Eighty-eight percent of the beneficiaries who submit their own claims are satisfied with the way Medicare processes them.

- o Sixty-five percent of the beneficiaries either were not aware of or did not understand the Catastrophic Health Care Coverage Act.
- o Seventy-two percent of the beneficiaries indicate they do not have a way to cover the cost of long-term care should it be needed.
- o Few beneficiaries know about special services Medicare offers, such as hospital mortality data and nursing home reports.

### Beneficiaries Found Medicare Information Helpful







Social Security Cash Benefits  
Average Retired Worker's Benefit (Individuals)

Year	Average Monthly Benefit <sup>1</sup>	Statutory and Automatic Increase	
		Effective Date	Percent Increase
1970	\$118	1/70	15.0
1971	132	1/71	10.0
1972	162	9/72	20.0
1973	166		
1974	188	6/74	11.0
1975	207	<sup>2</sup> 6/75	8.0
1976	225	6/76	6.4
1977	243	6/77	5.9
1978	263	6/78	6.5
1979	294	6/79	9.9
1980	341	6/80	14.3
1981	386	6/81	11.2
1982	419	6/82	7.4
1983	441	12/83	3.5
1984	461	12/84	3.5
1985	479	12/85	3.1
1986	488	12/86	1.3
1987	513	12/87	4.2
1988	537	12/88	4.0
1989	567	12/89	4.7
1990	603	12/90	5.4

<sup>1</sup>As of December of each year.

<sup>2</sup>Increases as of 6/75 through 6/82 were automatic in June of each year.

SOURCE: SSA/OACT

March 1991





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